


Office Use	 WINNIPEG SCHOOL DIVISION						Entry Date:			Year	Month	Day
	Student Description Form for New Registration											
Montrose			Grade		Room		Resident		Catchment		EAL	

STUDENT INFORMATION (Please complete shaded boxes where applicable.)

Step 1	Legal Last Name						Birthdate			Year	Month	Day
	First Name											
	Second Name						Gender					
	Name Known by											

Step 2	Country of Birth		Canada	Other								
	If not Canadian citizen, please indicate (✓) status:											
	Landed Immigrant				Date entered Canada			Year	Month	Day		
	Refugee											
Student Visa				* See Voluntary Ancestral/Cultural Identities and Languages Declaration form.								

Step 3	Current or last school attended						Division					
	If not in the Winnipeg School Division, has student ever attended a school in the WSD before? (Yes/No →)											
	If "yes," what was the name of the WSD school and year attended?						School		Year			

Step 4	Student's Address				Apt. No.		Daycare				
	Winnipeg (or other city →)						Name				
	Home Phone		204		Unlisted		Phone		204		

PARENT / LEGAL GUARDIAN CONTACT INFORMATION (Please complete shaded boxes where applicable.)

Legal Custody (✓)		Joint		Mother		Father		Guardian			
		Other				Agency					

Mother's Last Name						Student lives with			Yes	No	
Mother's First Name											
Address (if different from student →)											
Winnipeg (or other city →)						Postal Code					
Phone: Home		204		Work:		204		Cell:		204	
Monitored Email											
Employer											

Step 6	Father's Last Name						Student lives with			Yes	No	
	Father's First Name											
	Address (if different from student →)											
	Winnipeg (or other city →)						Postal Code					
	Phone: Home		204		Work:		204		Cell:		204	
	Monitored Email											
	Employer											

Step 6	Guardian's Last Name						Student lives with			Yes	No	
	Guardian's First Name											
	Address (if different from student →)											
	Winnipeg (or other city →)						Postal Code					
	Phone: Home		204		Work:		204		Cell:		204	
	Monitored Email											
	Employer											

EMERGENCY CONTACT (if parent/guardian cannot be reached)

Step 7	Name: Last		First		Relationship				
	Phone: Home		204		Work:		204		Cell: 204

MEDICAL INFORMATION

Step 8	Manitoba Health Registraion Number				Personal Health ID. No.			
	Health Concerns / Allergies							

Step 9	Names of Siblings		Date of Birth			Gender		School	
			Year	Month	Day				

Step 10	Signature of Parent / Legal Guardian						Date			
	<i>This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, please contact your school principal.</i>									