

# Machray School

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320 Mountain Ave  
Winnipeg, MB R2W 1K1

## Student Information

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**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please answer the following questions so that we can serve your child's needs to the best of our ability at Machray School.**

1. Are you the legal guardian of this child? Yes / No  
If no, whom should we contact?  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_
2. Languages spoken at home: 1. \_\_\_\_\_ 2. \_\_\_\_\_
3. Are there any custody issues that the school needs to be informed about? Yes / No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
4. Are there any outside agencies involved with your child? Yes / No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
5. Was your child in a regular classroom in their last school? (working at grade level without extra help) Yes / No  
If no, please explain \_\_\_\_\_  
\_\_\_\_\_
6. How many school days did your child miss last year?  
Less than 10 \_\_\_ 10-20 \_\_\_ More than 20 \_\_\_
7. Does your child have any learning difficulties or behavioural issues that the school needs to know about? Yes / No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
8. Are there any medical concerns we need to know of? Yes / No  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
9. Is there anything else that you think we should know about your child?  
\_\_\_\_\_  
\_\_\_\_\_