



# STUDENT REGISTRATION DOCUMENTATION REQUIREMENTS

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

**Documents**

**Student Registration Checklist**

*Date Requested*      *Received*

The following documentation is required in order to process your application.

**WSD Student Registration Package**

- \_\_\_\_\_ Completed and signed Student Application for Registration
- \_\_\_\_\_ Completed and signed student consent form
- \_\_\_\_\_ Indigenous Identity Declaration EIS Data Collection
- \_\_\_\_\_ Copy of transcript of most recent report card from previous school (if applicable)

**Proof of child's age and legal name (provide one of the following):**

- \_\_\_\_\_ Birth certificate
- \_\_\_\_\_ Certificate of Live Birth
- \_\_\_\_\_ Passport
- \_\_\_\_\_ Manitoba Medical Card (not for legal name)
- \_\_\_\_\_ Statutory Declaration

**Proof of residency (provide one of the following at the time of registration):**

- \_\_\_\_\_ \*\*Property Tax assessment (primary residence ONLY)
- \_\_\_\_\_ Accepted offer to purchase
- \_\_\_\_\_ \*\*Rental/lease agreement
- \_\_\_\_\_ Child Tax Benefit Statement with address (accepted provided none of the above can be presented)
- \_\_\_\_\_ For families who do not own/rent the property and are living with a WSD resident, along with proof of the WSD address and a letter from the property owner/property manager, the parent must provide some form of ID (Manitoba Health card not acceptable) with the registration address i.e. cell phone bill, utility bill, drivers licence or mail from the CRA

***\*\*Required for nursery registrations***

**Citizenship**

- \_\_\_\_\_ Birth certificate
- \_\_\_\_\_ Passport
- \_\_\_\_\_ Treaty Card
- \_\_\_\_\_ Permanent Resident document from IRCC

**Health Insurance**

\_\_\_\_\_ Manitoba Health number for child (9 digit) (Out of province medical cards are only valid for 90 days after move)

**School of Choice (SOC) Form**

\_\_\_\_\_ The SOC form is required for all non-resident students, including those in CFS care. Registrations should not be processed until this form is filled out

**Custody/Guardianship documents (if applicable)**

- \_\_\_\_\_ Court Order document signed by a judge
- \_\_\_\_\_ **Child in Care form - under no circumstances should students be registered until you have this form**
- \_\_\_\_\_ For students of divorced or separated parents
- \_\_\_\_\_ For students not living with biological parents, proof of legal guardianship must be provided

If someone other than the biological parent comes in to register a student and they do not have guardianship documents please contact the enrolment clerk



# STUDENT REGISTRATION DOCUMENTATION REQUIREMENTS

## Documents

## TEMPORARY RESIDENT STUDENT REGISTRATION CHECKLIST

*Date Requested*      *Received*

All documents from WSD Student Registration Package (page 1) plus the following:

### Temporary Resident-parent work permit (are not to be registered in Mayet until they are approved by the Enrolment Section)

- \_\_\_\_\_ Parent's work permit (must be valid to the next natural break in the school year i.e. Christmas, Spring Break & June 30th)
- \_\_\_\_\_ Parent's and child's passports
- \_\_\_\_\_ Child's visitor record or study permit (must be valid to the next natural break in the school year)
- \_\_\_\_\_ Child's birth certificate
- \_\_\_\_\_ Health insurance-Manitoba Health or \*\*private travel health insurance (Out of province medical cards are only valid for 90 days after move)

### Temporary Resident-parent study permit (are not to be registered in Mayet until they are approved by the Enrolment Section)

- \_\_\_\_\_ Parent's study permit (must be valid to the next natural break in the school year)
- \_\_\_\_\_ Proof of parent's enrolment to educational institution for the current year
- \_\_\_\_\_ Parent's and child's passports
- \_\_\_\_\_ Child's visitor record or study permit (must be valid to the next natural break in the school year)
- \_\_\_\_\_ Child's birth certificate
- \_\_\_\_\_ Health insurance-Manitoba Health or \*\*private travel health insurance (Out of province medical cards are only valid for 90 days after move)

**\*\*For private health insurance please enter the policy number and expiry date in the "health concerns" box under the medical tab in Mayet. Please also enter the expiry date under the custom tab so it is searchable. Students without Manitoba Health coverage cannot begin until private medical insurance is provided and that coverage must cover student until the next natural break i.e. Christmas, Spring Break**

Please forward copies of the above documents to the Enrolment Section *prior* to registering the student. For more information regarding the above listed documents please contact: Enrolment Clerk, 204-789-0489 or email at: [enrolmentsection@wsd1.org](mailto:enrolmentsection@wsd1.org)

### Refugee

\_\_\_\_\_ Refugee Protection Claimant Document and determine if registrant is a refugee claimant, government sponsored or privately sponsored refugee

All refugees are covered under IFHP (Interim Federal Health Program) this will be listed on their Refugee Protection Claimant Document. As per Canada Immigration when someone receives Refugee Status they will always be covered under IFHP, unless they are deported or become a permanent resident, even if their refugee documents expire. Refugees are encouraged to renew their documents but it is not necessary for their children to attend school.

**\*\*\*IF STUDENT IS 18 OR OLDER BY DECEMBER 31<sup>ST</sup>, THEY ARE NOT ELIGIBLE FOR FUNDING**

If attending a Manitoba school for the first time, or had previously attended but were not eligible for provincial funding at the time, please direct these registrations to the international student program

**Please note temporary residents and refugees are not eligible for School of Choice funding**

*For school office use only:*

<u>Mayet</u>	<u>Date Completed</u>
All paperwork received	_____
Temporary resident paperwork approved by Enrolment Section	_____
Registration form entered	_____
Legal name entered into Mayet as per the legal documents	_____
Private travel health insurance company name, plan number and expiry date entered into the health concerns box under the Medical and Custom tabs in Mayet (if applicable)	_____
CUM file requested	_____
Request for transportation form submitted	_____