



SCHOOL NAME: William Morton Collegiate Institute	GRADE:
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Last School Attended:

Resident of Pine Creek SD: YES NO Transferred to School of Choice

If NO, specify School Division:

STUDENT INFORMATION

Legal Name:

First	Middle	Last
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Name Known by: Gender:

Date of Birth: MM/DD/YYYY Verify age by Birth/Live Birth Certificate, Baptismal Certificate, Health Card, Statutory Declaration

Citizenship: Canada Permanent Resident Refugee Visa Student Other:

If not Canadian citizen, please indicate date entered Canada:

Physical Address (House/Street #, Civic/Rd #, Sec-Twn-Rng):

Mailing Address:

P.O. Box	City/Town	Province	Postal Code
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Home Phone Number: Student Cell Number:

Student lives with: Both Parents Shared Custody Mother Father
 Legal Guardian Foster Parent Other:

Custody documents pertaining to this child? Yes No (If Yes, a copy of legal document must be filed in school.)

CONTACT: PARENT / LEGAL GUARDIAN INFORMATION

Parent/Guardian Name: **Relationship:**

Home Phone: () Cell Phone: () Work Phone: ()

Employer: Email Address:

Physical Address:

Mailing Address:

P.O. Box	City/Town	Province	Postal Code
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Parent/Guardian Name: **Relationship:**

Home Phone: () Cell Phone: () Work Phone: ()

Employer: Email Address:

Physical Address:

Mailing Address:

P.O. Box	City/Town	Province	Postal Code
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Parent/Guardian Name: **Relationship:**

Home Phone: () Cell Phone: () Work Phone: ()

Employer: Email Address:

Physical Address:

Mailing Address:

P.O. Box	City/Town	Province	Postal Code
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Other Emergency Contact:

Home Phone: () Cell Phone: () Work Phone: ()

BUS STUDENTS (Please provide a billet name in the town where the school is located in case bus cannot run.)

Bus Number: Bus Driver's Name:

In Town Billet: Town Address:

Home Phone: () Cell Phone: () Work Phone: ()

SIBLINGS (Pre-Kindergarten and School Age)

1. Name: Date of Birth: MM/DD/YYYY

2. Name Date of Birth: MM/DD/YYYY

3. Name Date of Birth: MM/DD/YYYY

4. Name Date of Birth: MM/DD/YYYY

HEALTH INFORMATION

This health information is being collected so appropriate healthcare plans may be developed and will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act.

Manitoba Medical PHIN (9 digit):

Doctor/Clinic Name:

Phone Number:

Does this student have medical restrictions or allergies? Yes No (If Yes, please indicate below.)

Medical Alert/Information: (Life threatening medical condition, EpiPen, Epileptic, allergies, asthma, diabetes, Seizures, heart condition, bleeding disorder, glasses, or hearing)

INDIGENOUS IDENTITY DECLARATION

Indigenous Identity Declaration helps to support the efforts of Manitoba Education and Training and school divisions to plan and improve programs in a way that is responsive to Indigenous learners. (Providing this personal information is voluntary and optional. It is being collected in compliance with section 36(1)(b) of The Freedom of Information and Protection of Privacy Act as it is necessary for and relates directly to the activity of Manitoba and school divisions to plan, deliver and improve programs.)

PART 1: Is this student an Indigenous person, that is, First Nation (North American Indian), Métis, or Inuk (Inuit)? Note: First Nations (North American Indian) include Status and Non-Status Indians.

(If "Yes", mark the square(s) that best describe(s) this student now.):

- Yes, First Nation (North American Indian)
- Yes, Métis
- Yes, Inuk (Inuit)

PART 2: Which best describes this student's Indigenous cultural-linguistic identity? (Please select up to two choices.):

- Anishinaabe (Ojibway/Saulteaux)
- Ininew
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other – please specify: _____

MEDIA CONSENT

The Pine Creek School Division celebrates student success and accomplishments in a variety of ways. We require your consent to share personal information of your child, which may include name, photos, awards, or schoolwork through the school or division website, newsletters and publications. This also includes Grade 12 graduation photos published in the newspaper.

I hereby authorize my child's successes and accomplishments to be shared in the above manner Yes No

PARENT / LEGAL GUARDIAN SIGNATURE

I hereby certify that all information given on this form is complete and accurate.

Signature: _____ Date: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY & RECORD DISCLOSURE

Legal Authority for the Collection of Information: All information will be collected and retained in accordance with *The Freedom of Information and Protection of Privacy Act (FIPPA)* and under the authority of the Public School Act. **Access to information:** Administration may review this information on a need to know basis for divisional administration or the delivery of programming to our students only.

Information Security: Personal information is retained and secured within the cumulative file.

OFFICE USE ONLY (School Verification)

Start Date: MM / DD / YYYY

School Administrator Signature:

Student Birth Date: MM / DD / YYYY