

**Margaret Barbour Collegiate Institute**  
 Box 1169 The Pas MB R9A 1P9  
 Telephone: (204) 623-3485 Fax: (204) 623-3139

**Grade 10-12 Registration:**                      **Date:** \_\_\_\_\_ **MET# (if known):** \_\_\_\_\_

Legal Surname \_\_\_\_\_ Legal First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_ Usual First Name \_\_\_\_\_ Male  Female

Grade Level \_\_\_\_\_ Date of Birth: M \_\_\_\_\_ D \_\_\_\_\_ Y \_\_\_\_\_ Treaty # \_\_\_\_\_ Band \_\_\_\_\_

Parent(s): \_\_\_\_\_

Street Address \_\_\_\_\_ Box # \_\_\_\_\_ City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Parent Phone # \_\_\_\_\_ Mom's Cell Phone # \_\_\_\_\_ Dad's Cell Phone# \_\_\_\_\_

Student's Cell Phone # \_\_\_\_\_

Mom's Work Phone# \_\_\_\_\_ Place of Work \_\_\_\_\_

Dad's Work Phone # \_\_\_\_\_ Place of Work \_\_\_\_\_

Parent Email \_\_\_\_\_

**I am living with (if different from above):** \_\_\_\_\_ Relationship to you \_\_\_\_\_

At \_\_\_\_\_

(Street Address)    (Mailing Address)    (Postal Code)

Guardian Phone # \_\_\_\_\_ Guardian Cell Phone # \_\_\_\_\_

Guardian - Work Phone# \_\_\_\_\_ Place of Work \_\_\_\_\_

Agency involvement/Sponsorship \_\_\_\_\_

Name of Siblings \_\_\_\_\_

Name and address of most recent school attended: \_\_\_\_\_

Last attended in (Month, Year): \_\_\_\_\_

If you are a returning student, who was your Student Advisor: \_\_\_\_\_

**Medical Questionnaire:** Please complete the following. **Specify "yes" if doctor diagnosed.**

**Medical # (9 digit)** \_\_\_\_\_ **Family Medical # (6 digit)** \_\_\_\_\_

Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

- |    |                          |                       |                             |
|----|--------------------------|-----------------------|-----------------------------|
| 1. | Life Threatening Allergy | Yes ___ No ___        | If yes, specify: _____      |
| 2. | Prescribed an Epi-Pen    | Yes ___ No ___        |                             |
| 3. | Asthma                   | Yes ___ No ___        |                             |
| 4. | Bleeding Disorder        | Yes ___ No ___        |                             |
| 5. | Diabetes                 | Yes ___ No ___        |                             |
| 6. | Seizure Disorder         | Yes ___ No ___        |                             |
| 7. | Eye Problems             | Yes ___ No ___        | Prescribed eyeglasses _____ |
| 8. | ADHD                     | Yes ___ No ___        | Prescribed medication _____ |
| 9. | Other                    | Please specify: _____ |                             |

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

This medical information is being collected so that appropriate health care plans may be developed and may be necessary to obtain funding. This information will only be shared with appropriate individuals. This information is protected by the Personal Health Information Act. Questions should be directed to the Superintendent of Kelsey School Division, Box 4700, The Pas MB R9A 1R9.

**Courses Requested:** Before selecting, please refer to course code numbers and requirements. (Ex. ENG20F)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comment: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Approved by:

**Information Releases:**

The information collected on this form as part of the school registration process is personal information as referred to in the *Freedom of Information and Protection Of Privacy (FOIP) Act*. This personal information is collected pursuant to the provisions of the Manitoba Public Schools Act and its regulations, and pursuant to section 32 © of the FOIP Act as the collection is related directly to and is necessary to a school board's obligation to provide students with an education program that meets their needs and to provide a safe and secure school environment. The *FOIP Act* requires that parents/guardians be advised of the collection and use of personal information that is not authorized under the *School Act*. This includes many activities that are part of normal school community interaction and health considerations such as:

- 1) Individual photos that are taken;
- 2) Photos and/or videos of classroom and school activities that are taken and used in the school calendar, school yearbook, or for other purposes within the school, as well as video monitoring used in schools and buses;
- 3) Class and team photos that are taken and used within the school;
- 4) Student name and description of activities that are used in the school newsletter and other school communications;
- 5) Student name, photograph and write-up that are included in school yearbook (if one is produced);
- 6) Student names that are included in an honour roll listing, birthday recognition listing (including announcement on PA system), student achievement awards, and graduation roll, within the school;
- 7) Media photographs or videos of classrooms and school activities, where individual students cannot be identified, may be taken and used by the media;
- 8) Student names that are used on artwork, written material, or other items to be displayed in the school;
- 9) The use of student names, related contact information and phone numbers;
- 10) The use of student names and academic information necessary for determining eligibility or suitability for provincial, federal or other types of awards or scholarships in the event the Board applies on a student's behalf;
- 11) Immunization programs and visual, dental, hearing screening tests;
- 12) Enabling Parent Advisory Councils to communicate with parents;
- 13) Other similar activities within the school.

**In addition, I grant the school permission to: (check each one you agree to)**

1.  Permission is granted to the school to release addresses and phone number to school related groups such as band boosters, graduation committee, etc.
2.  Photographs or videos taken by or sent into the media or any other organization where individual students are identified or instances where students are interviewed.
3.  Photographs or videos taken by the Division where the material will be used outside of the school.

\_\_\_\_\_ X \_\_\_\_\_  
**Student Name** **Parent Signature** **Date**

**Note to parents of students 18 years of age or older or whose student will be turning 18 during the school year.**

1. For Parent of students 18 years of age or older or turning 18 during the school year, please read the following and sign where indicated:  
***Once a student turns 18, provincial legislation indicates that information cannot be shared with anyone not associated with school (this includes parents). Parents are asked to sign this form to indicate their awareness of this legal requirement.***

x \_\_\_\_\_  
**Parent Signature (or 18 year old)** **Date**

2. Students 18 years of age or older, or who will be turning 18 during the school year – please read the following:  
***Students 18 or older or who will be turning 18 during the second year are asked to give permission to the school to release information to their parents, guardians, or agencies. It is the student's responsibility to ensure the school has accurate demographic information when they turn eighteen. It is assumed that any students being sponsored will allow the school to submit reports to their sponsors as requested.***

I hereby give permission to the school to release information to my parents/guardians.

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