



SURNAME: _____ GRADE: _____

ST. EMILE SCHOOL REGISTRATION FORM
YEAR 20__ - 20__

This personal information is being collected under the authority of the Public Schools' Act and will be used for educational purposes. It is protected by the Personal Information Protection and Electronic Documents Act (PIPEDA). This information is protected and can be shared with Catholic Schools of the Catholic Schools Commission and the Archdiocese of Winnipeg. If you have any questions about the collection, contact the principal.

MET # _____

Office Use Only

SECTION I

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Postal Code: _____

Home Phone: _____

Birth Date: _____ (d/m/yr) (✓) Male Female

Father: _____ Mother: _____

Cell Phone: _____ Cell Phone: _____

Business/Occupation: _____ Business/Occupation: _____

Business Phone: _____ Business Phone: _____

Email: _____ Email: _____

Siblings (names and ages):

Religion: Father: _____ Mother: _____ Child: _____

Family Parish: _____

Child's Baptism: Date: _____ Parish: _____ City _____

Child's Reconciliation: Date: _____ Parish: _____ City _____

Child's 1st Communion: Date: _____ Parish _____ City _____

Child's Confirmation: Date: _____ Parish: _____ City _____

SECTION II

Are there any significant home conditions that may affect the child's adjustment and performance? (i.e.: re-marriage, death, languages spoken at home, others living in the home, etc.)

CUSTODY: Are there any legal restrictions to this child? Yes ___ No ___ If yes, a copy of legal documents must be on file at the school.

Should we be unable to contact you, **IN CASE OF EMERGENCY**, you must provide two names and phone numbers of a relative, friend or neighbour that we can notify (if prior notification has been given).

1. _____
(Name, Address, Phone Number, Relationship)

2. _____
(Name, Address, Phone Number, Relationship)

SECTION III

MEDICAL QUESTIONNAIRE

Doctor: _____ Phone Number: _____

Manitoba Medical:

Personal 9-digit: _____ Family 6-digit: _____

(The above information is protected by the Personal Health Information Act.)

Please complete the following: (specify “yes” with a (√) if physician diagnosed)

- 1. Life-Threatening Allergy YES ___ NO ___ If yes, specify: _____
- 2. Prescribed an EpiPen YES ___ NO ___ EpiPen provided to the school YES ___ NO ___
EpiPen is carried by student YES ___ NO ___
- 3. Asthma YES ___ NO ___ Inhaler is provided to school YES ___ NO ___
Inhaler is carried by student YES ___ NO ___
- 4. Bleeding Disorder YES ___ NO ___
- 5. Diabetes YES ___ NO ___
- 6. Heart Condition YES ___ NO ___
- 7. Seizure Disorder YES ___ NO ___

8. Is your child currently taking physician-prescribed medication? If yes, please indicate what medication and reason, and how often:

9. Please supply any other significant condition(s) that are physician diagnosed (ie. Ulcerative colitis, Crohns, transplants, permanent physical limitations)

SECTION IV

The following information is being collected for programming purposes.

If not a Canadian citizen, please (√) check one of the following:

Landed Immigrant ___ Study Permit ___ Date Entered Canada: (d/m/y) _____

Please specify Aboriginal identity (if applicable): _____

SECTION V

Record of schools attended beginning with last school first (include Kindergarten, if attended)

Why have you chosen to apply to send your child/children to St. Emile School?

How did you hear about St. Emile School?

The following items must accompany your registration:

(√) check if attached:

- 1. A copy of your child’s birth certificate _____
- 2. A copy of your child’s immunization record. _____
- 3. A copy of your child’s most recent report card. _____
- 4. Citizenship certificate if child was not born in Canada. _____ Not Applicable _____
- 5. PIPEDA Form _____
- 6. Code of Conduct _____
- 7. Volunteer Form _____
- 8. Accounting Form _____
- 9. Registration fee \$150.00 (non-refundable) _____
- 10. Post-dated cheques _____

Date

Parent/Guardian Signature

OFFICE USE ONLY:

Principal Signature

Acceptance Date