

SCHOOL REGISTRATION FORM: Children in Care

(Form available at www.manitoba.ca/healthychild/publications)

(Please check off
Authority you
represent)



Name: _____

Date of Birth: _____

MET#: _____ PHIN: _____

Legal Guardian/Agency: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Child and family services worker: _____

Phone Numbers

Office: _____ Mobile: _____

Fax Number: _____ Email: _____

Foster Placement: _____

Mailing Address: _____

Phone Number: _____ Email: _____



CHILD AND FAMILY SERVICES STATUS (Check which best applies, provide date(s))

☐ Voluntary Placement Agreement _____ (date)

☐ Voluntary Surrender of Guardianship _____ (date)

☐ Extension of Care _____ (date)

☐ Apprehension _____ (date)

☐ Supervision Order _____ (date)

☐ Temporary Order of Guardianship to _____ (date)

☐ Permanent Order of Guardianship _____ (date)

Expected length of placement (emergency or long-term): _____

Approved for Contact:

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

SCHOOL INFORMATION

Last School Attended: _____

Contact Person: _____

Phone Number: _____

Address: _____

Current Grade Attended: _____

Grade Level Functioning (Check description that best applies):

☐ Meets

☐ Exceeds

☐ Below

Relevant Educational Programming Information:

Community supports provided by the agency:

Areas of interest/strengths (e.g., hobbies, clubs, organizations, cultural interests):

Relevant Medical Information:

Additional Information and relevant life situation:

CONTACT DATA AND AUTHORIZATION:

Printed Name of Placing Child and Family Services Worker: _____
Signature of Placing Child and Family Services Worker: _____
Date Signed: _____
Name of Placing Agency Office/Regional Office: _____
Address of Placing Agency Office/Regional Office: _____ _____
Phone # of Placing Child and Family Services Worker: _____

Printed Name of Agency E.D. C.E.O. /Regional Office R.D.: _____
Signature of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____
Date Signed: _____
Address of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____ _____
Phone # of Placing Agency E.D. C.E.O. /Regional Office R.D.: _____

Printed Name of Parent: _____	
Signature of Parent: _____	Date Signed: _____
Printed Name of Student: _____	
Signature of Student: _____	Date Signed: _____
(if 18 or over)	

For School/Division Office Use:

Steps	Date	Principal or Designate Signature
Registration Received:		
Intake Meeting (as required):		
Start Date:		
Follow-up/Review Meeting(s) (as required):		