

# SCHOOL REGISTRATION FORM: Children in Care

(Form available at [www.manitoba.ca/healthychild/publications](http://www.manitoba.ca/healthychild/publications))

(Please check off Authority you represent)



## DEMOGRAPHICS

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:

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Community supports provided by the agency:

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

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Relevant Medical Information:

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Additional Information and relevant life situation:

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**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):		