



This personal information, or personal health information, is being collected under the authority of the Lord Selkirk School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Acts and The Personal Health Information Act. If you have any questions about the collection of information, contact the Lord Selkirk School Division Access and Privacy Coordinator at 204-482-5942.

Lockport School

2024 - 2025

School Year Applied for

Date of Application mm/dd/yyyy

Previous School / Nursery School / Daycare Attended

Phone Number

Student Information:

Legal Name (as it appears on birth certificate) – LAST / FIRST / MIDDLE

Preferred Name (if different than above) - LAST / FIRST / MIDDLE

Physical Address (House #, Street, City – if rural address, provide legal description), including Postal Code

Mailing Address (if different from physical address), including Postal Code

Male Female Birth Date _____ Grade Level _____
(as it appears on the birth certificate) Year Month Day

Primary language spoken at home: English Other _____

Is child a Ukrainian citizen?

Is child attending under a STUDY permit? Study permit expiry date: _____

Parent/Guardian Information:

Primary Guardian Name (print)

Relationship to child: Mother Father
 Step Parent Foster Parent Other _____

Please indicate which number to call first.

- Mobile Phone: _____
- Work Phone: _____
- Home Phone: _____

Primary Guardian Name (print)

Relationship to child: Mother Father
 Step Parent Foster Parent Other _____

Please indicate which number to call first.

- Mobile Phone: _____
- Work Phone: _____
- Home Phone: _____

Address (if different from above)

Email Address

Address (if different from above)

Email Address

Which parent/guardian should be contacted first in case of an emergency? _____

Student lives with:

- Both Parents
- Mother
- Father
- Foster Parent(s)
- Legal Guardian
- Other _____
relationship to child

Legal Custody must provide **legal documentation:**

- Joint
- Mother Only
- Father Only
- Legal Guardian _____
relationship to child

Is child in the care of a Child and Family Services agency? Yes No
*** If YES, **Child in Care Form** must be completed by placing agency ***

Placing Agency: _____ Social Worker: _____

Agency Address: _____

Email: _____ Phone: _____ Fax: _____

Emergency Contacts (in case of emergency, **other than parent/guardian**) **Please notify your contacts.**

An automated message system is in place to inform parents/guardians of important information such as school closure due to severe weather conditions. If parent/guardian contact is not confirmed, emergency contacts will also receive the message.

1. _____

Relationship to child: _____

Phone: _____
 Mobile Daytime Work Home

Phone: _____
 Mobile Daytime Work Home

2. _____

Relationship to child: _____

Phone: _____
 Mobile Daytime Work Home

Phone: _____
 Mobile Daytime Work Home

3. _____

Relationship to child: _____

Phone: _____
 Mobile Daytime Work Home

Phone: _____
 Mobile Daytime Work Home

Medical Information: Student's PHIN # _____

Does your child have a physician diagnosed medical condition? Yes No
if YES, please complete the Divisional Medical Questionnaire

Does your child regularly take prescribed medication that will be administered at school? Yes No
If YES, please complete the Authorization for Administration of Medication form

Indigenous Identity

Please complete the following section if you wish to declare your child's indigenous identity:

Authorization and Statement of Understanding - 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.)

I, _____, (name of parent/guardian, please print clearly)

- am submitting my child's Indigenous Identity Declaration for the first time.
- am making changes to my child's Indigenous Identity Declaration.
- already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

Is your child an Indigenous person, that is, First Nation (including registered/status/treaty and non-status/non-treaty), Métis or Inuk (Inuit)? If "yes", mark the square(s) that best describe(s) your child now:

Cultural Group (check one) First Nation (090) Métis (200) Inuit (300)

Which best describes your child's Indigenous language/cultural identity? Select up to 2 choices.

- Anishinaabe (Ojibway/Saulteaux) (100) Ininiw (Cree) (110) Dene (Sayisi) (120)
- Dakota (130) Oji-Cree (140) Michif (240)
- Inuktitut (310) Other (400) specify _____

Is transportation required? Yes No (If YES, complete and attach **Request for Transportation** form)

Resident of LSSD? Yes No

(If NO, complete and attach **Application Form for Transfer to a School of Choice Out-of-Division/District**)

Resident of LSSD, living outside designated school catchment area, requesting School of Choice.

(Complete and attach **Application Form for Transfer to a School of Choice Within Division/District**)

Information and School of Choice forms available through the Department of Education and Training website:
<https://www.edu.gov.mb.ca/k12/schools/choice/index.html>

Authorization for Release or Transfer of Information

I _____ being the parent/legal guardian of _____

authorize the Lord Selkirk School Division to obtain information included in the Pupil Services File and/or records regarding this child from his/her previous school. This information is confidential and to be used for the purpose of providing appropriate educational services to this child/student.

Parent/Guardian Signature: _____ Date: _____

School Personnel Signature: _____ Date: _____