



Dasmesh School Winnipeg

REGISTRATION FORM YEAR 2019-2020

SURNAME: _____

GRADE: _____

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 will be shared with Dasmesh School only. If you have any questions about the collection, contact the principal.

MET # _____

Office Use Only

SECTION I

STUDENT INFORMATION

First Name: _____

Last Name: _____

Address: _____

Postal Code: _____

Home Phone: _____

Birth Date: _____

(DD/MM/YYYY)

FAMILY INFORMATION

Father: _____

Mother: _____

Cell Phone: _____

Cell Phone: _____

Business/Occupation: _____

Business/Occupation: _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____

Siblings (names and ages):

Name: _____ Age _____ Grade: _____

Name: _____ Age _____ Grade: _____

Name: _____ Age _____ Grade: _____

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.

IN CASE OF EMERGENCY, you must provide two names and phone numbers of a relative, friend or neighbor that we can notify (if prior notification has been given).

	Name	Address	Phone Number	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

SECTION III

MEDICAL QUESTIONNAIRE

Doctor: _____ Phone Number: _____

Manitoba Medical Card Information:

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: (DD/MM/YYYY)_____

SECTION V

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

Last School Attended:_____

School Address: _____ **Phone:** _____

- 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. Registration fee \$95.00 (non-refundable) _____

Parent/ Guardian Signature

Application Date

OFFICE USE ONLY:

Principal Signature

Acceptance Date