



*"Home of the Dragons"*

## Deerwood Elementary School

101 Beaver Crescent, Thompson, MB R8N 1C5

Todd Harwood - Principal

Liisa Brolund - Vice Principal

Kelly Salamandyk - Administrative Assistant

Ph.204-677-6125 Fax.204-677-6132

*School District of  
Mystery Lake*



*"Success for All"*

Dear Parent/Guardian:

As you register your child with Deerwood Elementary School, there are certain documents required in addition to the registration forms that you will receive. In order to maintain current and accurate information for our students, we require a copy of the child's Birth Certificate, proof of residency and Manitoba Health numbers (6 digit family # and 9 digit personal #).

Upon receiving the registration forms, please ensure both sides are filled out completely. Once you return the forms, we will review them and at that time will take a copy of the birth certificate. It is imperative that we have such documents to ensure proper names, birth dates, health numbers, etc when the child is accepted into our School District and then registered with the Department of Education in Manitoba.

Keep in mind that if you live outside the catchment area, you may register for Deerwood School under the "School of Choice" application by **May 15th**, but you are **required to do so at your own catchment area school**. Please note that School of Choice registrations are **NOT** guaranteed and may not be determined until the beginning of the following school year. We are obligated to accommodate the children in our catchment area first.

**We thank you in advance & look forward to educating your children!**



Success for All

# School District of Mystery Lake

## Student Registration

- Burntwood    Deerwood    Juniper  
 Riverside    Wapanohk    Westwood

_____	ENTERED INTO CIMS
_____	SCANNED
_____	ADDED TO FOLDER
_____	COURSES
_____	PROOF OF LEGAL NAME
_____	PROOF OF RESIDENCE
_____	MED ALERT IF URIS
_____	WEB FORMS
_____	MET NUMBER

This personal information, or personal health information, is being collected under the authority of the School District of Mystery Lake 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 Act* and *The Personal Health Information Act*.

Date: \_\_\_\_\_

Registering for Grade: \_\_\_\_\_ Kindergarten – AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day (where applicable) \_\_\_\_\_

Program: English \_\_\_\_\_ Cree (where applicable) \_\_\_\_\_ French Immersion (where applicable) \_\_\_\_\_

Previous School (if any): \_\_\_\_\_ Phone #: \_\_\_\_\_

Legal Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(As per Birth Certificate)                      Last Name                      First Name                      Middle Name(s)

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: MM / DD / YYYY Home phone #: \_\_\_\_\_

Treaty #: \_\_\_\_\_ Band: \_\_\_\_\_ Sponsor: (if applicable) \_\_\_\_\_

Child's **FIRST** Language(s) spoken at home:  English  French  Other \_\_\_\_\_

Where the child resides

Mother/guardian Legal name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Father/guardian Legal name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Student lives with:  parents  mother  father  other \_\_\_\_\_

Name of person(s) who have LEGAL custody: \_\_\_\_\_

*\*please provide documentation as necessary*

In care of CFS (Child & Family Services):  yes  no

Case worker: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: (other than parents) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Emergency Contact: (other than parents) \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

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**Residency Status**

- Canadian Citizen    Birth Country (if not Canada) \_\_\_\_\_
- Landed Immigrant     Federally Funded     Visa Student    Visa Expiry Date: \_\_\_\_\_
- Refugee    Arrival date in Canada \_\_\_\_\_
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**Aboriginal Identity**

*Aboriginal 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 Aboriginal 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):

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

Is your child an Aboriginal person, that is, First Nation (North American Indian), Metis, or Inuk (Inuit)? Note: First Nations (North American Indian) include Status and Non-Status Indians. If "Yes," mark the square(s) that best describe(s) your child now:

- Yes, First Nation (North American Indian)    (090)
- Yes, Metis    (200)
- Yes, Inuk (Inuit)    (300)

Which best describes your child's Aboriginal cultural-linguistic identity? Please select up to two choices:

- |   |   |
|---|---|
| <input type="checkbox"/> Anishinaabe (Ojibway/Saulteaux)    (100)     | <input type="checkbox"/> Ininiw (Cree)    (110) |
| <input type="checkbox"/> Dene (Sayisi)    (120)                       | <input type="checkbox"/> Dakota    (130)        |
| <input type="checkbox"/> Oji-Cree (inc. Island Lake Dialect)    (140) | <input type="checkbox"/> Michif    (240)        |
| <input type="checkbox"/> Inuktitut    (310)                           | <input type="checkbox"/> Other – _____ (400)    |
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**Support Services** (Information is being collected so that appropriate educational services may be provided for your son/daughter. This information is protected by the Freedom of Information and Protection of Privacy Act. Questions should be directed to the school principal.)

\_\_\_\_\_ Resource                      \_\_\_\_\_ Counselor                      \_\_\_\_\_ Reading                      \_\_\_\_\_ Psychologist

\_\_\_\_\_ Speech and Language                      \_\_\_\_\_ Psychiatrist                      \_\_\_\_\_ Physiotherapy                      \_\_\_\_\_ Social Worker

\_\_\_\_\_ Occupational Therapy                      Other \_\_\_\_\_

If any services above are (x), please complete details below.

Name of Agency/Support Service \_\_\_\_\_

Name of Contact person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly describe the reason for service: \_\_\_\_\_

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**Daycare/After School contact:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**Brothers and Sisters (in order of age-preschool & school age)**

GENDER	FIRST NAME/SURNAME	DATE OF BIRTH	SCHOOL

**Local Field Trip Release & Photo/Video Release**

Please check off ONE box on EACH line and initial where indicated

- I will     I will not    allow my child to participate in supervised activities off school property but within Thompson.     Initial
- I will     I will not    allow my child's photograph to be displayed on the school district/school website.     Initial
- I will     I will not    allow my child's work to be displayed throughout the school.     Initial
- I will     I will not    allow my child's pictures, work and video to be displayed within the community  
ie. Arts Festival, Thompson Citizen, newsletters, cable TV, etc.     Initial

**Permission given will be in effect as long as the child is a registered student of the School District of Mystery Lake. It is the responsibility of the parents/guardians to notify the school if circumstances change.**

**Student Technology Use Pledge**

In the School District of Mystery Lake, technology helps students learn. Therefore, I pledge:

1. I will never use the computer to threaten, bully or talk badly about someone else.
2. I will never try to download and install computer programs or games.
3. I will use only my own log-in name and password and nobody else's. I will keep my log-in name and password a secret from everyone except my teacher.
4. I will always log-off properly so others cannot misuse my account.
5. I will always ask permission before I enter any web site unless my teacher has already given me permission.
6. I will never damage computer equipment and I will tell my teacher if I notice any damage to the computer. If I damage or steal computer equipment I may be asked to pay replacement costs.
7. I will not look at, or delete other people's files.
8. I will always follow copyright and give credit if I am using someone else's words, images or ideas.
9. I will only send appropriate e-mail messages as assigned/requested by my teacher.
10. I will keep my personal information (name, home address, school name, school address, phone number, picture) private when I use the Internet.
11. I will tell my teacher immediately if I see anything on my computer or iPad that I am unhappy seeing, if I receive messages I do not like or if someone asks to meet me while I am online.
12. I know that my teacher may check my computer files. I know that a record of the Internet sites I visit is kept.
13. I know that if I deliberately break any of these rules, I can be stopped from using technology at school.

Student Signature: \_\_\_\_\_



Manitoba Health Registration # (6 digits) \_\_\_\_\_ PHIN # (9 digits) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

**Health Needs – check all that apply**

- Allergies \_\_\_\_\_  Yes  No (If yes, specify) \_\_\_\_\_  
*Life Threatening Allergy*  Yes  No  
*Requires EpiPen*  Yes  No  
Epi-pen carried by student  Yes  No  
Extra epi-pen stored at school  Yes  No
- Asthma* \_\_\_\_\_  Yes  No  
Prescribed an inhaler  Yes  No  
Inhaler carried by student  Yes  No  
Extra inhaler stored at school  Yes  No
- Diabetes* \_\_\_\_\_  Yes  No  
Insulin Dependent  Yes  No  
Prescribed an auto-injector  Yes  No  
Auto-injector carried by student  Yes  No  
Extra auto-injector stored at school  Yes  No
- Bleeding Disorder* \_\_\_\_\_  Yes  No  
Prescribed medication  Yes  No
- Cardiac Condition* \_\_\_\_\_  Yes  No  
Prescribed medication  Yes  No
- Seizure Disorder* \_\_\_\_\_  Yes  No  
Prescribed medication  Yes  No
- Hearing Aides \_\_\_\_\_  Yes  No  
 Corrective Lenses \_\_\_\_\_  Yes  No  
 Medications \_\_\_\_\_  Yes  No  
Self-medicating  Yes  No  
Needs help medicating  Yes  No  
Medications stored at school  Yes  No  
Circumstances under which medication is to be given (please also complete procedure 1.B.140): \_\_\_\_\_  
\_\_\_\_\_
- Other Diagnoses \_\_\_\_\_  Yes  No (If yes, specify) \_\_\_\_\_  
\_\_\_\_\_

**If you answered “yes” to any highlighted, italicized health needs above, please also complete a URIS form.**

**It is the responsibility of parents/guardians to notify the school immediately of any health factors or health changes of which the school should be aware.**

I certify that the information submitted in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

\_\_\_\_\_  
*Date*

Authorization for admittance \_\_\_\_\_