



*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.*

## ST. ANDREWS SCHOOL

School Year Applied for \_\_\_\_\_

Date of Application mm/dd/yyyy \_\_\_\_\_

### Student Information:

Legal Name (as it appears on birth certificate) – First/Middle/Last \_\_\_\_\_

Preferred Name (if different than above) - First/Middle/Last \_\_\_\_\_

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

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

Home Telephone Number \_\_\_\_\_

Previous School / Nursery School / Daycare Attended \_\_\_\_\_

Male ☐

Female ☐

Birth Date

Year

Month

Day

Grade Level

Primary language spoken at home: English ☐

Other \_\_\_\_\_

### Parent/Guardian Information:

Father/Guardian Name \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

relationship to child \_\_\_\_\_ Home # \_\_\_\_\_

relationship to child \_\_\_\_\_ Home # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email Address \_\_\_\_\_

Email Address \_\_\_\_\_

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

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**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

- ☐ Please check if correspondence (i.e.: report cards, newsletters, etc.) are to be sent to an additional address.  
If checked, please provide address: \_\_\_\_\_  
\_\_\_\_\_

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 \*\***

Agency \_\_\_\_\_ Workers name: \_\_\_\_\_

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**Emergency Contacts** (in case of emergency, if we are not able to contact parent/guardian):

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. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Phone \_\_\_\_\_

***Please notify your contacts***

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**Medical Information:**

Student's PHIN # \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Does your child have a medical condition that the school should be aware of?  
(if yes, please complete the Divisional Medical Questionnaire)

Yes ☐

No ☐

Does your child regularly take prescribed medication that will be administered at school?  
(If yes, please complete the Authorization for Administration of Medication form)

Yes ☐

No ☐

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## 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 \_\_\_\_\_

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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>

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## 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.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

- ☐ *Birth Certificate copied / ordered*
- ☐ *School of Choice form completed*
- ☐ *Request for Transportation completed*
- ☐ *Medical Questionnaire completed*
- ☐ *Children in Care form completed*
- ☐ *Custody documents copied*
- ☐ *Proof of Residency copied*

*Document Type:* \_\_\_\_\_

Proof of residency document: Government issued photo identification that includes current address.



## LORD SELKIRK SCHOOL DIVISION

### PARENT/GUARDIAN PERMISSION FORM FOR DIGITAL TECHNOLOGY AND ELECTRONIC COMMUNICATION

SCHOOL YEAR: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

NAME OF SCHOOL: ST. ANDREWS SCHOOL

To prepare students to become citizens of the global community, Manitoba Education has identified technology, literacy and communication, problem solving, and human relations, as foundation skills to be across the curriculum. (Literacy with ICT Across the Curriculum, 2006). The use of information technology will help enable all students to solve problems, improve their personal performance, and gain the critical and abstract thinking skills necessary to become lifelong learners and contributing members of their communities (Manitoba Education 2006).

I have read and agree to the Lord Selkirk School Division Acceptable Use of Digital Technology and Electronic Communication Policy, which includes guidelines for the use of computers, online resources, multi-functioning communications devices (eg. cameras, video recorders, tablet devices and smartphones). I understand that access to computers, online resources, and digital communications is for educational purposes. I understand that a user is responsible and expected to abide by these Terms and Conditions, set out in this document, and that his/her privileges may be suspended and/or any other consequence may be applied as deemed necessary, if these Terms are violated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student/User Signature

\_\_\_\_\_  
Date



# MEDIA RELEASE FORM FOR STUDENTS

THIS AGREEMENT IS TO BE COMPLETED BY THE PARENT/GUARDIAN AND/OR THE STUDENT (over 18 years of age).

The Lord Selkirk School Division recognizes that print, digital media, and the internet, provide an ideal means to showcase and promote school and divisional activities and share student work with other students, parents/guardians, staff, and the global community. At the same time, the Division remains committed to the protection, privacy, and safety of all students.

While students may be required to have an individual photograph taken for their cumulative file or identification purposes, no student shall be pressured or required to purchase photographs.

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## Permission Section

**I hereby authorize any images or video footage taken of my child, in groups or individually, to appear for only the purposes below:**

School yearbook (full names will be included)

☐ Yes ☐ No ☐ N/A

School/division-based website and social media (on occasion first names of children may be included)

☐ Yes ☐ No

Print publications such as newsletters, newspapers and promotional materials (on occasion first names of children may be included)

☐ Yes ☐ No

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

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_ School Name: ST. ANDREWS SCHOOL

***Once dated and signed this form shall remain in effect for the current school year or until consent is revoked. You may amend this form, or revoke consent at any time by notifying the principal, in writing, of the change.***