

Nisichawayasi Nehetho Culture & Education Authority

Student Registration



- ENTERED INTO PS
- SCANNED
- ADDED TO FOLDER
- COURSES
- PROOF OF LEGAL NAME
- PROOF OF RESIDENCE
- MED ALERT IF URIS

This personal information, or personal health information, is being collected under Nisichawayasi Nehetho Culture & Education Authority 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 _____

Program: English _____ Cree (where applicable) _____ Cree 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 Cree 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#: _____

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 NCN. Initial
- I will I will not allow my child's photograph to be displayed on the school district/school social media. 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 Initial

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

Student Technology Use Pledge

In NNCEA Schools, 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 _____