



SURNAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**ST. EMILE SCHOOL REGISTRATION FORM**  
**YEAR 20\_\_ - 20 \_\_**

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 can be shared with Catholic Schools of the Catholic Schools Commission and the Archdiocese of Winnipeg. If you have any questions about the collection, contact the principal.

MET # \_\_\_\_\_

Office Use Only

**SECTION I**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (d/m/yr) (✓) Male  Female

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business/Occupation: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Siblings (names and ages):  
\_\_\_\_\_

Religion: Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Child: \_\_\_\_\_

Family Parish: \_\_\_\_\_

Child's Baptism: Date: \_\_\_\_\_ Parish: \_\_\_\_\_ City \_\_\_\_\_

Child's Reconciliation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_ City \_\_\_\_\_

Child's 1<sup>st</sup> Communion: Date: \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_

Child's Confirmation: Date: \_\_\_\_\_ Parish: \_\_\_\_\_ City \_\_\_\_\_

**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.  
\_\_\_\_\_

Should we be unable to contact you, **IN CASE OF EMERGENCY**, you must provide two names and phone numbers of a relative, friend or neighbour that we can notify (if prior notification has been given).

1. \_\_\_\_\_  
(Name, Address, Phone Number, Relationship)

2. \_\_\_\_\_  
(Name, Address, Phone Number, Relationship)

**SECTION III**

**MEDICAL QUESTIONNAIRE**

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Manitoba Medical:**

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: (d/m/y) \_\_\_\_\_

Please specify Aboriginal identity (if applicable): \_\_\_\_\_

**SECTION V**

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

\_\_\_\_\_  
\_\_\_\_\_

Why have you chosen to apply to send your child/children to St. Emile School?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about St. Emile School?

\_\_\_\_\_  
\_\_\_\_\_

**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. PIPEDA Form \_\_\_\_\_
- 6. Code of Conduct \_\_\_\_\_
- 7. Volunteer Form \_\_\_\_\_
- 8. Accounting Form \_\_\_\_\_
- 9. Registration fee \$150.00 (non-refundable) \_\_\_\_\_
- 10. Post-dated cheques \_\_\_\_\_

\_\_\_\_\_  
Date

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

**OFFICE USE ONLY:**

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Acceptance Date