



KINDERGARTEN REGISTRATION (Page 1)

DATE _____

DATE OF BIRTH

SCHOOL _____

YEAR _____ MONTH _____ DAY _____

CHILD'S NAME _____
SURNAME, GIVEN NAMES, (UNDERLINE NAME USED)

PLACE OF BIRTH

MALE _____ FEMALE _____

TOWN, CITY _____

P.O. ADDRESS _____

PROVINCE _____

HOME PHONE _____

BIRTH CERTIFICATE
VERIFICATION *(Copy required in file)*

HOME LOCATION _____
HOUSE & STREET # OR QUARTER, SECTION, TOWNSHIP, RANGE (NE 5-15-17)

DATE _____ INITIALS _____

PARENTS OR GUARDIANS

FATHER'S SURNAME _____ GIVEN NAMES _____ PLACE OF WORK _____ BUSINESS PHONE _____

MOTHER'S SURNAME _____ GIVEN NAMES _____ PLACE OF WORK _____ BUSINESS PHONE _____

INFORMATION ABOUT BROTHERS & SISTERS (BOTH IN SCHOOL AND PRESCHOOL)

NAME	AGE	SCHOOL	GRADE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SINGLE PARENT FAMILY (CHILD LIVING WITH) MOTHER _____ FATHER _____

LEGAL CUSTODY HELD BY MOTHER _____ FATHER _____

CHILD HAS ACCESS TO BOTH PARENTS _____ MOTHER ONLY _____ FATHER ONLY _____

SCHOOL BUS DRIVER _____

STORM BILLET _____ BILLET PHONE _____

EMERGENCY CONTACT _____ PHONE _____

BABYSITTER _____ PHONE _____
(NOON, BEFORE AND AFTER SCHOOL)

LANGUAGE SPOKEN AT HOME (IF OTHER THAN ENGLISH) _____

FAMILY DOCTOR _____ PHONE _____

PHIN # (HEALTH NO.) _____

SIGNIFICANT MEDICAL CONDITIONS: (Allergies, Speech, Hearing, Vision)

PARENT OR GUARDIAN SIGNATURE

See Over

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.)

Is your child an Aboriginal person, that is, First Nation (North American Indian), Metis or Inuk (Inuit)?

NO _____

YES _____

If you have answered NO, please return this form to your child's school.

If you have answered YES, please complete the remainder of the form and return to your child's school.

I, _____, (name of parent/Guardian, please print clearly)

- 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)
- Yes, Metis
- Yes, Inuk (Inuit)

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

- Anishinaabe (Ojibway/Saulteaux)
- Ininiw
- Dene (Sayisi)
- Dakota
- Oji-Cree
- Michif
- Inuktitut
- Other – please specify: _____