



Holy Cross School

300 Dubuc Street, Winnipeg, MB, R2H 1E4
 Voice (204) 237-4936, Fax (204) 237-7433
 Principal acap@holycrossschool.mb.ca
www.holycrossschool.mb.ca

Student Registration Form 2017-2018

Return completed Registration Form to the school office, along with the non-refundable registration fee of \$75.00

Application for Grade: _____

Application for Kindergarten: _____ Full Days
 PreK Program (age 4) _____ Full Days

For Office Use Only			
Date received	_____		
Fees paid:	Registration fee	\$ _____	<input type="checkbox"/>
	Class fees	\$ _____	<input type="checkbox"/>
	Fundraising Supplement	\$ _____	
	Tuition	\$ _____	<input type="checkbox"/>

Student's Legal Name: _____
 (As it appears on Birth Certificate) Last First Middle

EMAIL ADDRESS PLEASE _____
to send out newsletters electronically.

Student's Address: _____
 Apt. Number, Street number, Street name, City, Province, Postal Code

Home Phone Number: _____ Birth date: _____
 Year Month Day

Gender: Male Female Home School Division: _____

Current School and address: _____

Canadian Citizen: Yes No Landed Immigrant: Yes No (if yes, attach documentation)

Religion: _____ Parish: _____
 Year of: Baptism _____ Confirmation _____ First Communion _____

Name of Person(s) with whom the student resides: _____
 Relationship to student:

Parent Mother Father Guardian Foster Stepfather Stepmother Other _____

Custody: Not applicable **OR** Joint **OR** Exclusive: Mother Father Guardian

Are there any custody restrictions? Yes No If yes, please describe _____

If there are custody restrictions, it is the parent/guardian's responsibility to inform the school.

Aboriginal Ancestry Please check one of the following to indicate student's ancestry:

This information is required for reporting to the Provincial Government.

Métis/Mixed Ancestry Non-Status Treaty/Status Aboriginal

Student's previous last name (if applicable): _____

Language(s) spoken: _____

Can you assist with volunteer duties for the school such as helping with evening Bingos, sporting events, parent advisory committee, spring tea, costumes for Advent, graduation, etc. YES _____ NO _____.

FATHER/GUARDIAN	MOTHER/GUARDIAN
Full name: _____	Full name: _____
Address: _____	Address: _____
Email: _____	Email: _____
Home phone: _____	Home phone: _____
Employer: _____	Employer: _____
Occupation: _____	Occupation: _____
Business phone: _____	Business phone: _____
Cell phone: _____	Cell phone: _____

Applicant's siblings:

Name	Age	School or occupation

EMERGENCY CONTACTS

Name	Relationship to student	Home Phone Number	Business phone number

MEDICAL INFORMATION

Manitoba Health Registration Number: _____ 6 digits PHIN: _____ 9 digits

Family Doctor: _____ Phone number: _____

It is important that we are aware of any medical condition and ongoing prescribed medication.

Is the student on any ongoing prescribed medication? Yes No General Health: _____

Name of medication(s): _____

Who administers the medication during school hours? Home School Child (self-administered)

Does the student require any special medical procedures to be monitored or carried out by the school? Yes No

Other medical condition(s)/allergy(ies) that may affect student's adjustment and performance: _____

All parents are members of our Parents' Advisory Committee (PAC). If you do not wish to have your name and telephone number given to the PAC, please check the following box: No

I have read the uniform policy and will abide by all the sections of the uniform policy.

It is the responsibility of the parent/guardian to advise the school of any changes in the information recorded here.

Can your child's picture be used in promotional advertising, on the web or for school events- Yes _____ or No _____.

Date

Father's Signature

Mother's Signature

This personal information is being collected to School Board Policy and will be used for the purpose of maintaining accurate and detailed records for as long as it serves the educational needs of the student. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection, contact the school principal at Holy Cross School.