



SUNRISE SCHOOL DIVISION **KINDERGARTEN REGISTRATION CHECKLIST**

~ For Office Use only ~

STUDENT NAME: _____ DATE: _____

KINDERGARTEN TEACHER: _____ ROOM #: _____

_____ 1. Birth Certificate

_____ 2. Vision

_____ 3. 9-Digit Medical

_____ Medical Administration Form
Required

_____ 4. Residency (documentation provided)

_____ - _____ - _____
Section - Township - Range

Town: _____

_____ 5. Custodial/Guardianship issues:

_____ a) Proof of legal
guardianship

_____ b) Child & Family Services

Name of Agency: _____

_____ Social Worker: _____

_____ c) Intake form received

_____ d) Custody order

_____ 6. Resource/Special Ed/
involvement identified

_____ 7. School of Choice

Approved

_____ 8. Registration Form complete

_____ 9. Transportation Form complete

_____ 10. Language Program Selection

_____ 11. Registration reviewed:

_____ Office

_____ Administration

_____ Teacher

_____ 12. Other:



Sunrise School Division

Box 1206 344-2nd Street N., Beausejour, Manitoba R0E 0c0
phone: 204-268-6500 fax: 204-268-6545

MEMO:

TO: ADMINISTRATORS
FROM: WAYNE LECKIE, SUPERINTENDENT/CEO
RE: CHANGE IN HEALTH CARE INFORMATION COLLECTION

In consultation with the Department of Education, all parents will now be required to complete a URIS form for their child annually; even if the child has no allergies or a URIS form has been completed in a previous school year. Each school will have a URIS form for each child for each school year, including any student transfers within the division at any time during the school year.

A "no" response to a URIS form still needs to be recorded and kept in the students CUM file at the school.

If the URIS form is provided to your Resource Teacher, a copy **MUST** be kept in the student's CUM file.

The previous *Sunrise Health Care Form* is no longer in this package. A REVISED portion of this form has been added to the STUDENT REGISTRATION section.



SUNRISE SCHOOL DIVISION STUDENT REGISTRATION FORM

TO PARENTS/LEGAL GUARDIANS:

The following form is to be filled out for all students entering SUNRISE SCHOOLS. *A birth or baptismal certificate or other official document indicating date of birth must be presented upon registrations. The school will photocopy the certificate. The information is to be updated annually and the school notified of any data changes during the year. Please be assured that this information is treated confidentially.

AT THE KINDERGARTEN LEVEL the school of attendance is determined by program, by school boundaries and by the number of Kindergarten students enrolled in the various school areas. In order to maintain reasonable class sizes, students may be placed in a neighbouring school with the same program for the Kindergarten year only.

This information is being collected under the authority of the Public Schools Act and will be used for educational purposes. 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 Superintendent of Sunrise School Division at Box 1206, Beausejour, Manitoba R0E 0C0.

TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)

(Please Print)

PUPIL'S LAST NAME _____ FIRST _____ SECOND _____ NAME COMMONLY USED _____

PHONE #: _____ UNLISTED: Y / N

BIRTH YEAR: _____ MONTH: _____ DAY: _____ AGE: _____ MALE: _____ FEMALE: _____

PARENT EMAIL ADDRESS: _____

STREET ADDRESS: _____ PHONE #: _____

MAILING ADDRESS: _____ POSTAL CODE: _____ - _____

CIVIC 911 ADDRESS: _____ ROAD: _____

LEGAL LAND DESCRIPTION (rural residents only) SECTION: _____ TOWNSHIP: _____ RANGE: _____
(Example: SW10- 11- 6E)

WITH WHOM DOES THE CHILD LIVE? (circle one)

Both Parents
 Father
 Mother
 Legal Guardians
 Foster Parents

Other: _____

	FATHER, STEPFATHER, LEGAL GUARDIAN	MOTHER, STEPMOTHER, LEGAL GUARDIAN
NAME		
HOME ADDRESS		
HOME PHONE #		
CELL PHONE #		
EMPLOYING FIRM		
BUSINESS PHONE #		
WORK HOURS		
RELATIONSHIP TO STUDENT		

ALTERNATE CONTACTS: Please list two people who will take immediate responsibility in case of an accident, illness, or emergency closing when a parent is not available.

CONTACT NAME	ADDRESS	HOME PHONE #	WORK PHONE #	CELL PHONE #
1.				
2.				

CHILD LEGAL CUSTODY & CHILD CARE ARRANGEMENTS

Has anyone been denied access to the child by a court order? _____

If yes, a copy of the court document must be provided to the child's school.

CHILD CARE ARRANGEMENTS: (if applicable)

	NAME	ADDRESS	PHONE #
BEFORE SCHOOL			
AFTER SCHOOL			

If these arrangements are not daily, please specify:

BROTHERS & SISTERS IN ORDER OF AGE (Even if not attending school)

NAME	SEX (M/F)	DATE OF BIRTH	NAME OF PRESENT SCHOOL (if any)	LIVING AT HOME (Yes/No)

If you are not a Canadian citizen, are you: Inded Immigrant ugee Student

Date entered Canada: _____ (MM/DD/YYYY)

MEDICAL INFORMATION

MANITOBA MEDICAL #:

_____ (FAMILY) _____ - _____ - _____ (PERSONAL)

FAMILY PHYSICIAN: _____ **PHONE #:** _____

DENTIST: _____ **PHONE #:** _____

1. a) Does your child have any allergies? _____ If yes, please list specific allergies.

b) Does your child have an Epi-Pen for allergies? _____

Please note: If yes, your child must carry the Epi-Pen at all times.

If your child has health care issues, which require a Health Care Plan, your child's school will request your authorization.

I agree that a Health Care Plan can be created for _____.

Parent/Legal Guardian Signature: _____ Date: _____

**Classroom teachers must be informed of health concerns of the students in the school after registration forms are processed.*

Is there any other information about your child that is not covered by this questionnaire that you would like the school to be aware of? _____

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

TRANSFERS INTO SUNRISE SCHOOL DIVISION

****This section must be completed for all students K-S4 who have transferred into Sunrise SD**

Last school attended: _____ Phone#: _____ Grade: _____

City: _____ Province: _____ Date Last attended: _____

Former Address of family: _____

Date of family's move into this Division: _____

Has student ever attended school in Sunrise School Division (or Agassiz or Transcona/Springfield)? _____

If yes, which school? _____ Year of last attendance: _____

Has the student ever attended a special program? _____ If yes, please describe the program below:

CONSENT FORM

I / We the parents/guardians of _____

give permission to have all academic, resource and related files, including all support and diagnostic reports on our child forwarded to _____ School.

I/We understand that all information transferred will be confidential and used to implement appropriate programming for my/our child.

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE

Unified Referral and Intake System (URIS) Group B Application

In accordance with Section 15 of *The Personal Health Information Act (PHIA)*, the purpose of this form is to identify the child's health care intervention(s) and apply for URIS Group B support which includes the development of a health care plan and training of community program staff by a Registered Nurse. If you have questions about the information requested on this form, you may contact the community program.

Section I – Community Program Information (to be completed by the community program)

Type of community program (please <input checked="" type="checkbox"/>) <input type="checkbox"/> School <input type="checkbox"/> Licensed child care <input type="checkbox"/> Respite <input type="checkbox"/> Recreation program	Name of Community Program:	
	Contact Person:	
	Phone #:	Fax #:
	Email:	
	Address (location where service is to be delivered): Street: City/Town:	

Section II - Child information

Last Name	First Name	Birthdate
		month (print) D D Y Y Y Y Male Female Please check (✓) <input type="checkbox"/> <input type="checkbox"/>
Also Known As		

Please check (✓) the health care conditions for which the child requires an intervention during attendance at the community program.

<input type="checkbox"/>	Life-Threatening Allergy (and child is prescribed an EpiPen)	
	Does the child bring an EpiPen to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Asthma (administration of medication by inhalation)	
	Does the child bring asthma medication (puffer) to the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Can the child take the asthma medication (puffer) on his/her own?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Seizure Disorder	
	What type of seizure(s) does the child have?	
	Does the child require administration of rescue medication (e.g., sublingual Lorazepam)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Diabetes	
	What type of diabetes does the child have?	<input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2
	Does the child require blood glucose monitoring at the community program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the child require assistance with blood glucose monitoring?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Does the child have low blood sugar emergencies that require a response?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/>	Cardiac Condition where the child requires a specialized emergency response at the community program.	
	What type of cardiac condition has the child been diagnosed with?	
<input type="checkbox"/>	Bleeding Disorder (e.g., Von Willebrand Disease, Hemophilia)	
	What type of bleeding disorder has the child been diagnosed with?	
<input type="checkbox"/>	Steroid Dependence (e.g., Congenital Adrenal Hyperplasia, Hypopituitarism, Addison's Disease)	
	What type of steroid dependence has the child been diagnosed with?	
<input type="checkbox"/>	Osteogenesis Imperfecta (Brittle Bone Disease)	



Gastrostomy Feeding Care

Does the child require gastrostomy tube feeding at the community program? YES NO

Does the child require administration of medication via the gastrostomy tube at the community program? YES NO

Ostomy Care

Does the child require the ostomy pouch to be emptied at the community program? YES NO

Does the child require the established appliance to be changed at the community program? YES NO

Does the child require assistance with ostomy care at the community program? YES NO

Clean Intermittent Catheterization (CIC)

Does the child require assistance with CIC at the community program? YES NO

Pre-set Oxygen

Does the child require pre-set oxygen at the community program? YES NO

Does the child bring oxygen equipment to the community program? YES NO

Suctioning (Oral and/or Nasal)

Does the child require oral and/or nasal suctioning at the community program? YES NO

Does the child bring suctioning equipment to the community program? YES NO

Section III - Authorization for the Release of Medical Information

I authorize the Community Program, the Unified Referral and Intake System Provincial Office, and the nursing provider serving the community program, all of whom may be providing services and/or supports to my child, to exchange and release medical information specific to the health care interventions identified above and consult with my child's physician(s), if necessary, for the purpose of developing and implementing an Individual Health Care Plan/Emergency Response Plan and training community program staff for _____.
(Child's name)

I also authorize the Unified Referral and Intake System Provincial Office to include my child's information in a provincial database which will only be used for the purposes of program planning, service coordination and service delivery. This database may be updated to reflect changing needs and services. I understand that my child's personal and personal health information will be kept confidential and protected in accordance with *The Freedom of Information and Protection of Privacy Act (FIPPA)* and *The Personal Health Information Act (PHIA)*.

I understand that any other collection, use or disclosure of personal information or personal health information about my child will not be permitted without my consent, unless authorized under FIPPA or PHIA.

Consent will be reviewed with me annually. I understand that as the parent/legal guardian I may amend or revoke this consent at any time with a written request to the community program.

If I have any questions about the use of the information provided on this form, I may contact the community program directly.

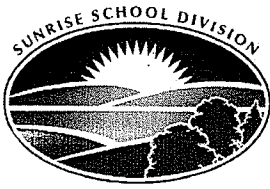
Parent/Legal Guardian (*Please Print*) _____

Parent/Legal Guardian (*Signature*) _____ Date _____

Mailing Address _____ Town _____ Postal Code _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Does Your Child Ride the School Bus? YES NO



SUNRISE SCHOOL DIVISION
KINDERGARTEN SESSION AND PROGRAM
SELECTION

NAME OF STUDENT:

Kindergarten Program Selection

Effective **September 2012:**

I would like my child to attend a Kindergarten Program where the language of instruction is:

- _____ Regular English
 _____ French Immersion
 _____ English-Ukrainian

OR

I am still undecided about the language of instruction and will be gathering further information related to:

- _____ Regular English
 _____ French Immersion
 _____ English-Ukrainian

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE



SUNRISE SCHOOL DIVISION KINDERGARTEN REGISTRATION INFORMATION

NAME OF STUDENT: _____

This background information will help the school staff know and understand your child:

1. What languages are spoken to your child at home? _____

2. Descriptions of your child that would help the teacher: (Ex outgoing; very shy; etc.)

3. What activities does your child enjoy when entertaining him/herself?

4. How often do you read to your child?

Daily _____ 3-4 times/Week _____ Occasionally _____

5. How much TV/computer/video game time does your child engage in daily?

Less than 1 hour _____ 1-2 hours _____ 2-3 hours _____ More than 3 hours _____

Favourite Program: _____

6. What kinds of responsibilities does your child have at home? e.g. dressing self, tidying up, making bed ,etc. _____

7. What out-of-school experiences/lessons has your child had? E.g. swimming lessons, gymnastics, music, dancing, travel, etc.

8. a) Are there situations in which your child becomes particularly excitable, upset or frightened? If so, what are they? _____

b) When your child is upset or anxious, how does he/she react?

c) What have you found to be effective to calm your child in such situations?

STUDENT'S NAME: _____

9. Has your child attended an early intervention program? If so, please **circle** the best description:

Speech & Language Therapy, Parenting Program, Head Start, In-Home service

Other: _____

10. Daycare Arrangements:

Has your child been in non-parental care on a regular basis prior to Kindergarten?

Yes No If Yes: Part Time Full Time

If Yes, please **circle** type of care:

a. Centre-based, non profit	e. Other home-based, unlicensed, relative
b. Centre-based, licensed, for profit	f. Child's home, non-relative
c. Other home-based, licensed	g. Child's home, relative
d. Other home-based, unlicensed, non-relative	h. Other:

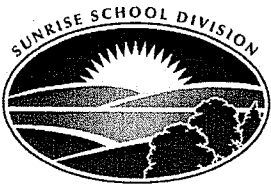
11. Please fill in this chart if your child has had, or is having, any of these experiences.

EXPERIENCE	NAME OF GROUP (if applicable)	STARTING AGE	LENGTH OF STAY	WILL ATTEND IN SEPT. (YES/NO)
Jr. Kindergarten				
Nursery School				
Summer Camp				
Religious Classes				
Language Classes				
Rock & Read				
Mother Goose				
Rhyme Tyme				

12. If aboriginal, please **circle** the best description:

First Nation Inuit Metis Other _____

13. Is there any other information you would like to share with the school? E.g. specific problems, concerns you may have, special interests, food preferences, and ways of observing religious or cultural holidays? _____



SUNRISE SCHOOL DIVISION **STUDENT VISION REPORT FORM**

Dear Parents,

Please have an ophthalmologist/optometrist fill out this form for your child. Please return it to your child's school by the end of May.

NAME OF STUDENT: _____ **AGE:** _____

ADDRESS: _____

SCHOOL: _____

INFORMATION FOR THE TEACHER AND PARENT

(To be completed by ophthalmologist/optometrist)

Problem areas confirmed by ophthalmologist/optometrist

Vision acuity	_____
Excessive Farsightedness	_____
Muscle Balance	_____

- Vision Training Prescribed
- Glasses NOT indicated
- Present Glasses Satisfactory
- New Glasses Prescribed

Glasses should be worn:

<input type="checkbox"/> Constantly	<input type="checkbox"/> Chalk/Whiteboard work
<input type="checkbox"/> School Work	<input type="checkbox"/> Homework
<input type="checkbox"/> Movies	<input type="checkbox"/> T.V.
<input type="checkbox"/> Riding in a car	<input type="checkbox"/> Other:

Additional information pertinent to student's vision:

CONCLUSION OF EYE EXAMINATION: _____

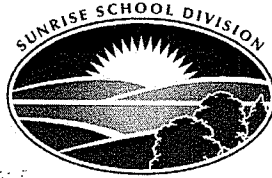
DATE

EXAMINER'S SIGNATURE

After completion the teacher should review and then file in student's file.

SUNRISE SCHOOL DIVISION

Box 1206 344–2nd Street N., Beausejour, Manitoba R0E 0c0
phone: 204-268-6500 fax: 204-268-6545



MEMO:

TO: PARENTS/GUARDIANS

From: Wayne Leckie, Superintendent/CEO

RE: EDULOG STUDENT INFORMATION

All students attending Sunrise School Division schools must be entered into our EDULOG System. The information is needed to assist the Division with planning related to student enrollment, transportation and school catchment boundaries.

Please complete the EDULOG Registration form included and return to the school. The school will then forward this information on to the Transportation Department. In the event that your child changes schools, or has a change of home address the information must be updated with the respective school and the Transportation Department. The Transportation phone number for Gary Walker is 204-444-2498 or toll free 1-866-824-9545.

SUNRISE SCHOOL DIVISION

School Year: _____

EDULOG REGISTRATION FOR TRANSPORTATION

STUDENT NAME: _____ DATE OF BIRTH: _____
(DD/MM/YR)

GRADE: _____ PROGRAM: _____

MEDICAL INFO: _____ PHIN: _____ 6 DIGIT MED #: _____
(Ex; asthma has inhaler, bee stings has epi pin) (115 426 233) (623541)

LEGAL LAND: _____ CIVIC 911 # _____ ROAD: _____ **OR**
(Ex: SW10 - 11 - 6E) (Green marker on end of lane Ex: 56091)

HOUSE #: _____ STREET: _____ TOWN: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

MOTHER: _____ HOME #: _____ WORK #: _____

EMAIL ADDRESS: _____ CELL #: _____

FATHER: _____ HOME #: _____ WORK #: _____

EMAIL ADDRESS: _____ CELL #: _____

SIBLINGS IN SUNRISE SCHOOL DIVISION:

NAME: _____ SCHOOL _____ AGE: _____ GRADE: _____

NAME: _____ SCHOOL _____ AGE: _____ GRADE: _____

BABYSITTER/ DAY CARE INFORMATION: (if applicable):

Contact Name: _____ Day Care Facility: _____

Phone #: _____ Cell Phone# _____

House/ Facility Address: _____ Road: _____ Town: _____

Legal Land Description: _____ Civic 911 #: _____
(Ex: SW10 - 11 - 6E) (Green marker on end of lane Ex: 56091)

SCHOOL OFFICE USE ONLY:

NEW STUDENT: _____ TRANSFER: _____ SPECIAL NEEDS LEVEL: _____

STUDENT ID #: _____

CATCHMENT HOME SCHOOL: _____ SCHOOL OF CHOICE: _____

WITHIN DIVISION: _____ OUT OF DIVISION: _____ ACCEPTED: _____ DENIED: _____

EFFECTIVE DATE FOR BUSSING (IF APPLICABLE) _____

TRANSPORTATION	OFFICE	YES:	NO:	DISTANCE:
USE ONLY.ELIGIBLE	FOR			
BUS #:			PICKUP: TIME:	
STOP I.D.:			RUN I.D.:	
FIED:	PARENTS:	DRIVER:	SCHOOL:	



Sunrise School Division

Box 1206 Beausejour, Manitoba R0E 0C0 Telephone (204)268-6500 Fax (204)268-4149
Web Site: www.sunrisesd.ca Toll Free: 866-444-5559

The school's website (www.sunrisesd.ca/sci - EDIT FOR **YOUR** LOCATION PLEASE) is a tool that our school uses to increase communication within our school and beyond. The school's newsletter and the yearbook are other ways that school events are published. Photos often communicate more than words can alone when highlighting activities at our school. Photography, journalism and computer skills are also gained by students in this process.

As the parent or legal guardian of the minor student signing below, I hereby give permission for my son/daughter's:

(Please check)

Yes No photo to be published on the school's website

Yes No photo to be published in school print publications (yearbook, newsletter)

Yes No name to be published on the school's website

Yes No name to be published in school print publications (yearbook, newsletter)

Student Name

Parent/Guardian Name

Parent/Guardian Signature

Date

ABORIGINAL IDENTITY DECLARATION FOR 2012-2013

Aboriginal Identity Declaration is intended to establish statistical data that will support efforts of Manitoba Education, Citizenship and Youth and school divisions to plan and improve programs in a way that is responsive to Aboriginal learners.

My child is Aboriginal (please select only one of the following):

- First Nation (090)
- Métis (200)
- Inuit (300)
- Uncertain of ancestry (060)

Please select, if applicable, up to two of the following languages spoken:

- Anishinaabe (Ojibway/Saulteaux) (100)
- Ininew (Cree) (110)
- Dene (Sayisi) (120)
- Dakota (130)
- Oji-Cree (140)
- Michif (240)
- Inuktitut (310)
- Other (400) (please indicate if not on the list above) _____

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 to plan and improve programs and the activity of the School Division to deliver programs in manner stated above.

For more information about Aboriginal Identity Declaration, please contact:

Manitoba Education, Citizenship and Youth

Aboriginal Education Directorate

Telephone: (204) 945-7886

Toll-Free: 1-800-282-8069 ext. 7886

Fax: (204) 948-2010

Email: aedinfo@gov.mb.ca

Or visit the website at: <http://www.edu.gov.mb.ca/aed/abidentity.html>

Student Name (please print) _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

ADDITIONAL FUNDING IS GIVEN TO SCHOOLS BASED ON ABORIGINAL IDENTITY DECLARATIONS.