



Holy Cross School

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

Student Registration Form 2012 - 2013

Return completed Registration Form to the school office, along with the non-refundable registration fee of \$55.00

Application for Grade: _____

Application for Kindergarten: Full Days
 Half Days

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

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

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

Home Phone Number: _____ Birth date: _____
 Email address: _____ 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: _____

Are you available to perform volunteer duties for the school such as assisting with evening Bingos, sporting events, parent guild activities, 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: _____
<i>It is important that we are aware of any medical condition and ongoing prescribed medication.</i>	
Is the student on any ongoing prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No General Health: _____	
Name of medication(s): _____	
Who administers the medication during school hours? <input type="checkbox"/> Home <input type="checkbox"/> School <input type="checkbox"/> Child (self-administered)	
Does the student require any special medical procedures to be monitored or carried out by the school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other medical condition(s)/allergy(ies) that may affect student's adjustment and performance: _____	

All parents are members of our Parents' Guild/Parents Association. If you do not wish to have your name and telephone number given to the Parents' Guild, 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.

_____ Date

_____ Parent/Guardian's Signature

This personal information is being collected according 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.