



This personal information, or personal health information, is being collected under the authority of the Lord Selkirk School Division and will be used for educational purposes or to ensure the health and safety of the student. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Acts and The Personal Health Information Act. If you have any questions about the collection of information, contact the Lord Selkirk School Division Access and Privacy Coordinator at 204-482-5942.

**Mapleton School**

**2024 - 2025**

\_\_\_\_\_  
School Year Applied for

\_\_\_\_\_  
Date of Application mm/dd/yyyy

\_\_\_\_\_  
Previous School / Nursery School / Daycare Attended

\_\_\_\_\_  
Phone Number

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### Student Information:

\_\_\_\_\_  
Legal Name (as it appears on birth certificate) – LAST / FIRST / MIDDLE

\_\_\_\_\_  
Preferred Name (if different than above) - LAST / FIRST / MIDDLE

\_\_\_\_\_  
Physical Address (House #, Street, City – if rural address, provide legal description), including Postal Code

\_\_\_\_\_  
Mailing Address (if different from physical address), including Postal Code

Male  Female  Birth Date \_\_\_\_\_ Grade Level \_\_\_\_\_  
(as it appears on the birth certificate) Year Month Day

Primary language spoken at home: English  Other \_\_\_\_\_

Is child a Ukrainian citizen?

Is child attending under a STUDY permit?  Study permit expiry date: \_\_\_\_\_

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### Parent/Guardian Information:

\_\_\_\_\_  
Primary Guardian Name (print)

Relationship to child:  Mother  Father  
 Step Parent  Foster Parent  Other \_\_\_\_\_

Please indicate which number to call first.

- Mobile Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Primary Guardian Name (print)

Relationship to child:  Mother  Father  
 Step Parent  Foster Parent  Other \_\_\_\_\_

Please indicate which number to call first.

- Mobile Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

\_\_\_\_\_  
Address (if different from above)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Address (if different from above)

\_\_\_\_\_  
Email Address

Which parent/guardian should be contacted first in case of an emergency? \_\_\_\_\_

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**Student lives with:**

- Both Parents
- Mother
- Father
- Foster Parent(s)
- Legal Guardian
- Other \_\_\_\_\_  
relationship to child

**Legal Custody** must provide **legal documentation:**

- Joint
- Mother Only
- Father Only
- Legal Guardian \_\_\_\_\_  
relationship to child

Is child in the care of a Child and Family Services agency?      Yes       No   
*\*\* If YES, **Child in Care Form** must be completed by placing agency \*\**

Placing Agency: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Emergency Contacts** (in case of emergency, **other than parent/guardian**) **Please notify your contacts.**

An automated message system is in place to inform parents/guardians of important information such as school closure due to severe weather conditions. If parent/guardian contact is not confirmed, emergency contacts will also receive the message.

1. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Mobile    Daytime    Work    Home

Phone: \_\_\_\_\_  
 Mobile    Daytime    Work    Home

2. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Mobile    Daytime    Work    Home

Phone: \_\_\_\_\_  
 Mobile    Daytime    Work    Home

3. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_  
 Mobile    Daytime    Work    Home

Phone: \_\_\_\_\_  
 Mobile    Daytime    Work    Home

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**Medical Information:**      Student's PHIN # \_\_\_\_\_

Does your child have a physician diagnosed medical condition?      Yes       No   
if YES, please complete the Divisional Medical Questionnaire

Does your child regularly take prescribed medication that will be administered at school?      Yes       No   
If YES, please complete the Authorization for Administration of Medication form

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## Indigenous Identity

Please complete the following section if you wish to declare your child's indigenous identity:

*Authorization and Statement of Understanding - Indigenous 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 Indigenous 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.)*

I, \_\_\_\_\_, (name of parent/guardian, please print clearly)

- am submitting my child's Indigenous Identity Declaration for the first time.
- am making changes to my child's Indigenous Identity Declaration.
- already submitted my child's Indigenous Identity Declaration and have no further changes to make at this time.

Is your child an Indigenous person, that is, First Nation (including registered/status/treaty and non-status/non-treaty), Métis or Inuk (Inuit)? If "yes", mark the square(s) that best describe(s) your child now:

Cultural Group (check one)     First Nation (090)     Métis (200)     Inuit (300)

Which best describes your child's Indigenous language/cultural identity? Select up to 2 choices.

- Anishinaabe (Ojibway/Saulteaux) (100)     Ininiw (Cree) (110)     Dene (Sayisi) (120)
- Dakota (130)     Oji-Cree (140)     Michif (240)
- Inuktitut (310)     Other (400) specify \_\_\_\_\_

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Is transportation required?  Yes  No (If YES, complete and attach **Request for Transportation** form)

Resident of LSSD?  Yes  No

(If NO, complete and attach **Application Form for Transfer to a School of Choice Out-of-Division/District**)

Resident of LSSD, living outside designated school catchment area, requesting School of Choice.

(Complete and attach **Application Form for Transfer to a School of Choice Within Division/District**)

Information and School of Choice forms available through the Department of Education and Training website:  
<https://www.edu.gov.mb.ca/k12/schools/choice/index.html>

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## Authorization for Release or Transfer of Information

I \_\_\_\_\_ being the parent/legal guardian of \_\_\_\_\_

authorize the Lord Selkirk School Division to obtain information included in the Pupil Services File and/or records regarding this child from his/her previous school. This information is confidential and to be used for the purpose of providing appropriate educational services to this child/student.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Personnel Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Technology Agreement

### I will be... Responsible

I accept that my choices and actions, as well as any accounts and/or technology entrusted to me, are my responsibility. Whether I am at school or off-campus, I will protect myself, my accounts/technology, and others by:

- Using passwords that nobody will be able to guess and that I will not share.
- Ensuring that the technology tools I use are kept safe, clean and that they are not defaced.
- Using online resources which are safe and appropriate.
- Making healthy choices about how, when, and where to use technology.

### Respectful

I understand that I need to respect and protect myself, others, and the equipment in my care. I will:

- Follow the directions given to me by school staff.
- Use technology to help me learn.
- Create a positive digital presence that represents myself and my school in the best possible way.
- Respect the privacy of others.
- Obtain appropriate permission before taking and/or sharing pictures, video, or audio.
- Respect the time of others by avoiding texting and the use of social media during class and unstructured times unless it is part of the learning experience.

### Ready

I will strive to:

- Be ready to learn every day and to arrive at school with a fully charged device.
- Practice skills and explore technologies that help my learning and productivity in a positive way.
- Find solutions to problems I encounter with technology.
- Do my best while learning from my mistakes/failures.

I understand that Lord Selkirk School Division may monitor things that I do on or with technology. I understand that if I damage technology hardware and/or software I will be responsible for reimbursing the Division.

I accept that any actions I take or behaviors I engage in which are not in line with responsible and respectful use will be handled in accordance with the behavioral guidelines established at each school.

Date: \_\_\_\_\_

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

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_



# MEDIA RELEASE FORM FOR STUDENTS

THIS AGREEMENT IS TO BE COMPLETED BY THE PARENT/GUARDIAN AND/OR THE STUDENT (over 18 years of age).

The Lord Selkirk School Division recognizes that print, digital media, and the internet, provide an ideal means to showcase and promote school and divisional activities and share student work with other students, parents/guardians, staff, and the global community. At the same time, the Division remains committed to the protection, privacy, and safety of all students.

While students may be required to have an individual photograph taken for their cumulative file or identification purposes, no student shall be pressured or required to purchase photographs.

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## Permission Section

**I hereby authorize any images or video footage taken of my child, in groups or individually, to appear for only the purposes below:**

School yearbook (full names will be included)

Yes                  No                  N/A

School/division-based website and social media (on occasion first names of children may be included)

Yes                  No

Print publications such as newsletters, newspapers and promotional materials (on occasion first names of children may be included)

Yes                  No

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Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

\*Date: \_\_\_\_\_

School Name: **Mapleton School**

***Once dated and signed this form shall remain in effect for the current school year or until consent is revoked. You may amend this form, or revoke consent at any time by notifying the principal, in writing, of the change.***



# MEDICAL QUESTIONNAIRE

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

**Please complete all sections that apply. Your assistance in identifying any medical conditions that your child has will assist Lord Selkirk School Division in providing the safest possible environment and most appropriate response in the event of a medical emergency. A Health Care Plan may be developed by the URIS Nurse, if needed.**

## ANAPHYLAXIS

1. Has your child been **diagnosed by a physician** with a LIFE-THREATENING ALLERGY?  Yes  No

**If "No" go to the next section.**

2. What allergen(s) trigger a reaction? \_\_\_\_\_

3. Signs/symptoms of a reaction? \_\_\_\_\_

4. Does your child require an EpiPen?  Yes  No

5. Does your child carry an EpiPen at all times?  Yes  No

**It is recommended that an EpiPen be carried with anaphylactic students at all times.**

**In the event of an anaphylactic reaction, EpiPen will be administered and 911 will be called.**

6. Location of EpiPen \_\_\_\_\_

**Please complete a URIS B Application.**

## ASTHMA

1. Has your child been **diagnosed by a physician** with ASTHMA?  Yes  No

**If "No" go to the next section.**

2. What triggers a reaction? \_\_\_\_\_

3. Signs/symptoms of a reaction? \_\_\_\_\_

4. Does your child carry an inhaler?  Yes  No

**It is recommended that the inhaler be carried on person at all times.**

5. Does your child require assistance to administer their medication?  Yes  No

6. Location of inhaler \_\_\_\_\_

**Please complete a URIS B Application.**

## SEIZURES

1. Does your child have a history of SEIZURES?  Yes  No

***If "No" go to the next section.***

2. Date of last seizure \_\_\_\_\_
3. Type of seizure:  Simple Partial  Complex Partial  Generalized Tonic/Clonic  Absence
4. Signs/symptoms of your child's seizures \_\_\_\_\_
5. Does your child take medication for seizures?  Yes  No
6. Will seizure medication be administered, if needed, at school?  Yes  No

***Please complete a URIS B Application.***

## DIABETES

1. Does your child have DIABETES?  Yes  No

***If "No" go to the next section.***

2. Does your child have consistent control of blood sugar levels?  Yes  No
3. Does your child carry blood glucose monitoring equipment daily?  Yes  No
4. Does your child require self-injected insulin at school?  Yes  No
5. Does your child have an insulin pump?  Yes  No
6. Describe your child's hypoglycemia (low blood sugar):  
\_\_\_\_\_
7. Where are extra supplies, monitoring equipment and carb kits kept?  
\_\_\_\_\_

***Please complete a URIS B Application.***

## CARDIAC CONDITION

1. Has your child been diagnosed by a physician with a CARDIAC CONDITION?  Yes  No

***If "No" go to the next section.***

2. Name of condition: \_\_\_\_\_
3. Severity of condition is:  Mild  Moderate  Severe
4. Was surgery required?  Yes  No
5. As a result of this condition, my child is limited in their ability to: \_\_\_\_\_
6. My child should avoid the following activities:  
\_\_\_\_\_

***Please complete a URIS B Application.***

**PRESCRIPTION MEDICATION ADMINISTERED AT SCHOOL**

Prescription medication will only be administered at school when it is not possible to alter the dosing schedule to allow for a parent/guardian to administer the medication before or after school.

1. Does your child require prescription medication during school hours?       Yes    No
2. Name of Medication and Dosage: \_\_\_\_\_

***Please complete AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION.***

**OTHER MEDICAL CONDITIONS**

1. Has your child been diagnosed by a physician with any other significant medical conditions that the school should be aware of?       Yes       No
2. Name of condition: \_\_\_\_\_

**MEDIC-ALERT BRACELET**

**Lord Selkirk School Division recommends the use of Medic-Alert bracelets for children at high risk medically.**

1. Does your child wear a MEDIC-ALERT bracelet?       Yes       No
2. Name of condition: \_\_\_\_\_

**\*\* IN CASE OF AN EMERGENCY, AN AMBULANCE WILL BE CALLED \*\***

*LSSD subscribes to the Universal Student Accident Insurance Program which covers ambulance costs.*

If ambulance transport is required, is there any information you wish to share with the school (ie. medication allergies, no blood products, primary contact in event of emergency transport during school day)?

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





**AUTHORIZATION FOR THE ADMINISTRATION  
OF PRESCRIBED MEDICATION**  
*(file in student file & medication binder)*

School: Mapleton School

Date: \_\_\_\_\_

**Student Contacts:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MB Health PHIN: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

**Medical Contacts:**

Prescribing Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Pharmacy Name & Location: \_\_\_\_\_

**Medication Information: (Parent to consult with Dr. or Pharmacist, if needed)**

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Method of Administration: \_\_\_\_\_

Dosage of Medication: \_\_\_\_\_

Time(s) of Administration during school hours: \_\_\_\_\_

Specific storage requirements (if any): \_\_\_\_\_

Possible side effects & actions required if side effects occur:

\_\_\_\_\_

Stop medication if the following reactions occur:

\_\_\_\_\_

**MEDICATION ADMINISTRATION REQUIREMENTS:**

1. The parent/guardian is responsible to deliver, in person or via a responsible adult, the supply of medication for school use in an **original, pharmacy-labelled container** which clearly identifies the name of the child, name of the medication, dose, frequency/time and route of administration, name of the licensed medical practitioner, name of the pharmacy, and date the prescription was filled. This container must be strictly for school use. If required, measuring implements must be provided.
2. Parent/guardian is responsible to ensure a supply of medication is maintained, that expired medications are replaced, and that expired medication is removed from the school for disposal.
3. **School staff will never administer the first dose of any new medication prescription. Parent/guardian is responsible for administering the first dose of any new medication or increase in dosage and ensuring that it has been well-tolerated.**
4. A designated staff member, or in their absence an alternate staff member, will administer the medication as prescribed.

This medical information is being collected so that appropriate plans may be developed and will only be shared with appropriate individuals.  
This information is protected under The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act.

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**PARENT/GUARDIAN CONSENT:**

I have read and understand the Medication Administration Requirements. I hereby request and authorize the school to administer the prescribed medication to my child during school hours. School personnel are authorized to contact the physician or pharmacist regarding any questions as to the administration of the medication.

Signature of Parent/Guardian: \_\_\_\_\_

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**For School Use Only:**

Start Date of Medication: \_\_\_\_\_

Stop Date of Medication: \_\_\_\_\_

Designated Person to Administer Medication: \_\_\_\_\_

Alternate: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_



# REQUEST FOR TRANSPORTATION SERVICES

(This form must be completed and sent to the Transportation Office for all transportation requests)

Date of Request: \_\_\_\_\_ Effective Date of Request: \_\_\_\_\_

New Registration  Transfer  From: \_\_\_\_\_ Other: \_\_\_\_\_

### Student Information—please print

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

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Pick-up Location *(if different from above)*: \_\_\_\_\_

Drop-off Location *(if different from above)*: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (Home) : \_\_\_\_\_

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

**Current School Bus Transportation (if currently on a bus) Bus #:** \_\_\_\_\_

Do you have other children riding on a bus? NO  YES  Bus #: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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

- **Transportation information can be found on the Parent PowerSchool Portal (web browser).**
- **Please allow up to 5 business days for processing. If filling out this request for the following school year, information will be available last week of August.**
- **Please Note: Students may be required to transfer buses at certain schools.**

### **For Transportation Office Use only:**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_

AM Bus #: \_\_\_\_\_ AM Time: \_\_\_\_\_ Transfer Bus # \_\_\_\_\_ TSF Location: \_\_\_\_\_

PM Bus #: \_\_\_\_\_ PM Time: \_\_\_\_\_ Alt Bus \_\_\_\_\_ Time: \_\_\_\_\_

P/U Location: \_\_\_\_\_ D/O Location: \_\_\_\_\_

Eligibility Code: \_\_\_\_\_ Driver Notified  Entered in RF  Copy sent to school

Notes: \_\_\_\_\_

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