



RE-REGISTRATION FORM 2020/2021

Immaculate Heart of Mary School
 650 Flora Avenue Winnipeg Manitoba R2W 2S5
 Phone: 204-582-5698 or 204-589-2709
 Email: ihms@ihms.mb.ca

FOR OFFICE USE ONLY -

date received	received by
total registration fee	receipt no.
data entered	

FAMILY INFORMATION

FAMILY NAME _____ WILL BE ATTENDING WILL NOT BE ATTENDING

STUDENT(S) NAME - <i>Surname, Given Name(s)</i>	GENDER	GRADE 2020 / 2021	NEW STUDENT (X)

mailing address _____ city, province _____ postal code _____

primary family email - *for school notification purposes, monthly newsletters, volunteer information etc.*

place of worship _____ religion- *for statistical purposes only*

SIBLING INFORMATION:

name _____ date of birth - *month/day/year* _____ current age _____

name _____ date of birth - *month/day/year* _____ current age _____

PARENT / GUARDIAN INFORMATION **please complete if returning to IHMS*

FATHER / GUARDIAN MOTHER / GUARDIAN

surname _____ given name _____ surname _____ given name _____

address same as above _____ address same as above _____

city, province _____ postal code _____ city, province _____ postal code _____

home no. _____ cell no. _____ home no. _____ cell no. _____

personal e-mail - *if different from above* _____ personal e-mail - *if different from above* _____

work no. _____ work no. _____

occupation _____ occupation _____

employer _____ employer _____

CUSTODY, GUARDIANSHIP, ACCESS RIGHTS **please complete if returning to IHMS*

Guardians of the students must be identified to ensure each party's rights are respected. If a court order exists affecting guardianship rights, custody or access rights, a copy of the most current legal document(s) will be required to be placed in the student file. Please indicate if such a document(s) exist. ___ No ___ Yes

PARENTS ARE: married common-law separated divorced single widowed

STUDENT LIVES WITH: both parents father mother shared custody guardian other _____

SCHOOL REPORTS / NOTIFICATIONS / MAILINGS SHOULD BE SENT TO: parents / guardians father mother

EMERGENCY CONTACT INFORMATION **please complete if returning to IHMS*

EMERGENCY CONTACT ONE - *other than a parent / guardian*

surname given name relationship to student

home no. cell no. daytime no.

EMERGENCY CONTACT TWO - *other than a parent / guardian*

surname given name relationship to student

home no. cell no. daytime no.

EMERGENCY CONTACT ORDER - *please number 1, 2, 3, 4*

___ father / guardian ___ mother / guardian ___ emergency contact one ___ emergency contact two

ABORIGINAL IDENTITY DECLARATION **please complete if returning to IHMS*

Aboriginal Identity Declaration helps to support the efforts of Manitoba Education and Training and schools to plan and improve programs in a way that is responsive to Aboriginal learners. Providing this information is voluntary and optional.

Please Choose One -

Not Applicable Registered under the Indian Act Inuit Eligible to be registered, but not yet registered

If Aboriginal, you may select up to 3 identities - _____

FINAL ACKNOWLEDGMENT **please complete if returning to IHMS*

Immaculate Heart of Mary School recognizes the roles and responsibilities of all community members in supporting and facilitating a safe and nurturing learning environment: parents, as the primary educators of their children; teachers as the primary educational leaders in both curricular and extracurricular programs; staff in their roles to support and provide for the school's program; administrators in providing vision and leadership to the overall program; and students, in taking responsibility for their decisions and actions.

I/We agree to make ourselves familiar with the rules of the school and to support and co-operate with the school in the formation of my child.

I/We further agree to accept all financial responsibility and to submit the tuition and other fees required promptly.

I/We agree to assist in the fundraising initiatives and volunteer program at the School.

I/we affirm that the information contained in this application is true and accurate. I/we understand that misrepresentation; falsification or omission of facts on this application may result in refusal of admission and/or prompt withdrawal of any previous offer of admission.

parent / guardian signature date

parent / guardian signature date

TUITION FEE PAYMENT PLAN: MONTHLY SEMI-ANNUALLY ANNUALLY

Please return form, along with \$100.00 registration fee per child, no later than February 6, 2020.