



## RE-REGISTRATION FORM 2023/2024

### 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

bursary donation form

#### FAMILY INFORMATION

FAMILY NAME \_\_\_\_\_ ☐ WILL BE ATTENDING ☐ WILL NOT BE ATTENDING

| STUDENT(S) NAME -Surname, Given Name(s) | GENDER | GRADE 2023/2024 | NEW STUDENT (X) |
|---|--------|-----------------|-----------------|
|   |        |                 |                 |
|   |        |                 |                 |
|   |        |                 |                 |
|   |        |                 |                 |

mailing address

city, province

postal code

primary family email / primary family phone number (for school notification purposes, monthly newsletters, Lubov Foundation info 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*

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

| surname  | given name | relationship to student |
|----------|------------|-------------------------|
| home no. | cell no.   | daytime no.             |

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

| 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 - \_\_\_\_\_

**SUPPORTING THE IHMS BURSARY FUND** *\*please complete if returning to IHMS*

IHMS supports families who choose IHMS by setting affordable tuition rates and by providing bursary assistance to the extent possible. If your family is able, please consider a donation to the Bursary Fund to support families in need. Donations will be used to provide bursary support, and a tax receipt for the full amount of the donation will be provided to you. Thank you!

**Please accept our donation in support of the IHMS Bursary Fund:** ☐ \$500 ☐ \$250 ☐ \$100 ☐ Other: \$ \_\_\_\_\_

**Method of Payment:** ☐ EFT ([eft@ihms.mb.ca](mailto:eft@ihms.mb.ca)) ☐ Visa / Mastercard ☐ Debit ☐ Cash

**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.
- accept all financial responsibility and to submit the tuition and other fees required promptly.
- 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.

**Must be signed by both parents / legal guardians:**

|                             |      |                             |      |
|-----------------------------|------|-----------------------------|------|
| parent / guardian signature | date | parent / guardian signature | date |
|-----------------------------|------|-----------------------------|------|

Please return form, along with \$100.00 registration fee per child, no later than **February 9, 2023**