



St. Aidan's CHRISTIAN SCHOOL

Student Registration Form 2025 - 2026 School Year

Aberdeen Ave. Campus
418 Aberdeen Ave., Wpg., MB, R2W 1V7
Ph. #: 204-586-6792 | Fax #: 204-582-0155

Hargrave St. Campus
400 Hargrave St., Wpg., MB, R3B 3A8
Ph. #: 204-944-9674 | Fax #: 204-582-0155

Children born in 2020 may begin kindergarten in September 2025

All of this form must be filled in to the fullest ability and knowledge of the student's legal guardians.

Student Details										
Legal given name			Legal middle name			Legal surname			Registering for Grade:	
Date of birth (day/month/year)		M <input type="checkbox"/>	F <input type="checkbox"/>	Home address (Unit # – Street # – Street name)					Postal code	
Name of church attending					Name of last school attended					
Indicate Aboriginal Identity (First Nation or Band name, Metis, Inuit, Treaty #) if applicable. <input type="checkbox"/> None						Languages spoken other than English <input type="checkbox"/> None				
Canadian Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date arrived in Canada ___/___/___ Day Month Year		Country of Birth		Visa Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Refugee <input type="checkbox"/> Yes <input type="checkbox"/> No	If refugee: circle sponsor below Private sponsor Manitoba Government Canadian Government			
Siblings										
Name			Age		Grade		School			
Support Services Accessed: Circle all the services this student has accessed.										
Psychiatrist	Psychologist	Social Worker	Resource Teacher	Occupational Therapist	Physiotherapist	Counselor	Speech Therapist	Other:		
If any of the above have been circled, please indicate. Your providing this information gives the school permission to contact the agency or service about your child:										
Name of agency or service:				Contact person:			Phone #:			
Please write some details about support services accessed:										
Custody Information										
Student currently in care of Child and Family Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of CFS Agency or Agencies						
#1 Child and Family Services Contact Person			☎ Contact phone #			#2 Child and Family Services Contact Person			☎ Contact phone #	
Are there any court orders or legal restrictions in place regarding this student? <input type="checkbox"/> Yes <input type="checkbox"/> No ← If Yes, photocopies of all legal documents MUST be given to the school with this registration form in order for this student's registration to be valid and their acceptance considered.										

Primary Contact (This person must speak English)

First name	Last name	Relation to student	
Home address (Unit # – Street # – Street name - City)		Cell phone #	Home phone #
Job/Occupation	Work address (Number – Street – City)		Work phone # Ext _____
e-mail			

Parent or Legal Guardian #1 (If different from Primary Contact)

First name	Last name	Relation to student	
Home address (Unit # – Street # – Street name – Street name - City)		Cell phone #	Home phone #
Job/Occupation	Work address (Number – Street – City)		Work phone # Ext _____
e-mail			

Parent or Legal Guardian #2

First name	Last name	Relation to student	
Home address (Unit # – Street # – Street name – Street name - City)		Cell phone #	Home phone #
Job/Occupation	Work address (Number – Street – City)		Work phone #
e-mail			

Emergency Contact

First name	Last name	Relation to student	Legal guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address (Unit – Number – Street name - City)		Cell phone #	Home phone #
Job/Occupation	Work address (Number – Street – City)		Work phone #
e-mail			

Additional Pickup Permission

First name	Last name	Relation to student	
Cell phone #			
First name	Last name	Relation to student	
Cell phone #			
First name	Last name	Relation to student	
Cell phone #			

<p>Permission to Use Student Photos: I give my permission to St. Aidan's Christian School to use photographs of this student in items including but not limited to brochures, slide shows, school website, and the school yearbook.</p> <p>List any purpose for which the school may not use pictures of this student on the line below ↓</p>		
<p>Permission for Off-Campus Activities: I give consent for this student to participate in off-campus recess (If applicable), and school field trips in and out of Winnipeg, including but not limited to athletic opportunities, outdoor education, volunteerism and community work.</p> <p>List any locations this student may not be taken on field trips on the line below ↓</p>	Legal Guardian Signature	
<p>The legal guardian signature declares all information above is correct to the fullest knowledge and ability of the undersigned.</p> <p>The undersigned has read and accepted the Statement of Faith and Campus Handbook and commits to upholding all the school's policies and regulations.</p>	Legal Guardian Signature	
<p>_____</p> <p style="text-align: center;">Printed name of legal guardian</p>	<p>_____</p> <p style="text-align: center;">Signature of legal guardian</p>	<p>___/___/____</p> <p style="text-align: center;">Day Month Year</p>
<p>The student signature below declares that the student agrees to all the school's policies and regulations and is committed to upholding the school's code of conduct.</p>		
<p>_____</p> <p style="text-align: center;">Printed name of student</p>	<p>_____</p> <p style="text-align: center;">Signature of student</p>	<p>___/___/____</p> <p style="text-align: center;">Day Month Year</p>

Items to Include with each child's registration form:

- _____ Completed Registration form
- _____ Registration and School Supply Fee (One per child)
This fee is non-refundable.
- _____ Medical Information and Authorization Prescription & Non-Prescription Medication Form
- _____ Before & After School Registration Form
- _____ Copy of Birth Certificate and/or PR Card
- _____ Copy of Manitoba Health Card