

# EAL NEWCOMER PRE-REGISTRATION

Please work with the newcomer family to complete this form at your school. Email the completed form to Dorothy Plett, newcomer reception facilitator, at [dplett@retsd.mb.ca](mailto:dplett@retsd.mb.ca).

## SCHOOL INFORMATION

School: \_\_\_\_\_ Date: \_\_\_\_\_  
Contact person/phone #: \_\_\_\_\_

## STUDENT INFORMATION (please fill in one form for each student)

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_  
Gender: Legal:  Male  Female  
Preferred (if applicable):  Trans male  Trans female  Two-Spirit  Gender non-conforming  
Birthdate (mm/dd/yy): \_\_\_\_\_ Age: \_\_\_\_\_  
Date of arrival in Canada (mm/dd/yy): \_\_\_\_\_ Country from: \_\_\_\_\_  
Address: \_\_\_\_\_  
All languages spoken: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
Email address: \_\_\_\_\_  
Parental status in Canada:  Canadian  Permanent resident  Work/study permit  Other: \_\_\_\_\_

## CONTACT INFORMATION

If you have a sponsor, family member or settlement counsellor who helps you arrange meetings, add information here.

Name: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_

## ADDITIONAL COMMENTS

If you have any other important information you would like to share with us, please provide it here.

\_\_\_\_\_

## OFFICE USE ONLY

Date of contact: \_\_\_\_\_  
Date of meeting: \_\_\_\_\_  
Status:  P.R.  Work permit  Study permit  Other \_\_\_\_\_  
 EAL program  CR/GAR/PSR/BVOR  
Code level: 10 / 20 / 30 / 40 / 50 Interpreter:  Family  RETSD \_\_\_\_\_  
Stages: L \_\_\_\_\_ S \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_