

# EAL NEWCOMER PRE-REGISTRATION

This form may be completed with the assistance of school staff or families/advocates can complete it on their own. If you need assistance in determining your child's school, our newcomer reception facilitator can provide this. Once completed, the form should be sent to the newcomer reception facilitator at [newcomers@retsd.mb.ca](mailto:newcomers@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: \_\_\_\_\_  
Canadian/Ukrainian Authorization for Emergency Travel  Yes  No  
All languages spoken: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Mother/Guardian: \_\_\_\_\_  
Father/Guardian: \_\_\_\_\_  
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: \_\_\_\_\_  
Interpreter used:  Family  RETSD Name: \_\_\_\_\_  
Completed by: \_\_\_\_\_ Checked by: \_\_\_\_\_  
Status:  P.R.  Work permit  Study permit  Other \_\_\_\_\_  
 EAL program  CR/GAR/PSR/BVOR  
Code level: 10 / 20 / 30 / 40 / 50  
Stages: L \_\_\_\_\_ S \_\_\_\_\_ R \_\_\_\_\_ W \_\_\_\_\_