

## Arthur A. Leach School

1827 Chancellor Dr. | Winnipeg, MB R3T 4C4 | 204.269.1674 www.pembinatrails.ca/arthuraleach

Parent(s)/Legal guardian(s):		
Student Name	ة	Grade
Please provide	e the following	<del></del>
o Compl	eted following forms	
0	General Registration form	
0	Grade Options Form	
0	Technology Forms	
0	Media Release Forms	
o Chequ	e or cash for Optional course option	ıs
If legal guardia	n is not the parent, legal guardian m	nust provide:
0	Proof of legal guardianship.	
Residency – Ple	ase provide a copy of one of the fol	llowing with the parent/guardian name and address listed on document:
0	Utility bill	
0		dence ONLY and not rental property)
0	Rental/lease agreement	
0	Accepted "offer to purchase" with	possession date indicated
Citizenship – Pl	ease provide copy of:	
0	Birth certificate, Canadian passpor	rt or Treaty Card
Not Canadian C	itizens?	
One of	the following documents <b>MUST</b> be	provided for child and 1 parent or legal guardian:
0	Landed immigrant (Permanent Res	sidence) documents
0		
0		om school of study also required with study visa)
0	Refugee Status	
Medical: Kindly	provide a copy of the following	
0	Manitoba Health card	
0	Other medical card listing the child	d and parent(s)/legal guardian name if from another province
To be complete	d by office:	
DATE Dropped	off at the office :	

