



COMMISSION OF INQUIRY INTO THE CIRCUMSTANCES
SURROUNDING THE DEATH OF PHOENIX SINCLAIR

Commission Disclosure 2070



**WINNIPEG SCHOOL DIVISION
STUDENT DESCRIPTION FORM**

Entry Date: Sept 04
Am preferred will take 90029415
 PM Day Month Year

SCHOOL 225A

MET. NO. _____ STUDENT NO. _____

Grade	Room	Program Code	Integrated	Voc. Code	Resident	ESL	ESL Effective
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N Wellington School

Information to be entered by Student's Parents/Guardians - PLEASE NOTIFY SCHOOL IF ANY INFORMATION CHANGES

STUDENT INFORMATION (Please Print)

Legal Last Name Sinclair Birthdate 23 04 00 Verified
 First Name Phoenix Day Month Year
 Second Name Victoria Hope Country of Birth Canada
 Name Known by Phoenix or _____
 Gender Female Male
 Languages Spoken at home English Yes No
 Other Languages _____
 Current or Last school attended _____
 If your current school is NOT in the Division, have you ever attended a school in the Division before? Yes No
 If Yes, what was the name of the Division school and year attended? School _____ Year _____

STUDENT ADDRESS

Apt. No./Street No./Street 1-747 McGee St. City Winnipeg or _____
 Postal Code R3E 1W9 Home Phone 793-3653 Unlisted Student Lives on Own or in parent

PARENT/LEGAL GUARDIAN AND CONTACT INFORMATION

Please indicate the order of contact (using 1, 2, 3, 4, 5) _____ If applicable indicate who has Joint LEGAL CUSTODY
 Mother Other
 Father Guardian Agency

PARENT OR LEGAL GUARDIAN Student Lives With <input type="checkbox"/> Contact # _____ Relationship to student <u>mother</u> Last Name <u>Kematch</u> First Name <u>Samantha</u> Address if different from student _____ City/Prov. <u>Wpg MB</u> Postal Code <u>R3E 1W9</u> Home Phone <u>793-3653</u> <input checked="" type="checkbox"/> Unlisted Work Phone _____ ext. _____ Cell/Other _____ Email _____ Employer _____	PARENT OR LEGAL GUARDIAN Student Also Lives With <input type="checkbox"/> Contact # _____ Relationship to student _____ Last Name _____ First Name _____ Address if different from student _____ City/Prov. _____ Postal Code _____ Home Phone _____ <input type="checkbox"/> Unlisted Work Phone _____ ext. _____ Cell/Other _____ Email _____ Employer _____
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PARENT OR LEGAL GUARDIAN Student Also Lives With <input type="checkbox"/> Contact # _____ Relationship to student _____ Last Name _____ First Name _____ Address if different from student _____ City/Prov. _____ Postal Code _____ Home Phone _____ <input type="checkbox"/> Unlisted Work Phone _____ ext. _____ Cell/Other _____ Email _____ Employer _____	CONTACT PERSON (if parent/guardian cannot be reached) Contact # <u>2</u> Relationship to student <u>Aunt</u> Last Name <u>Shingose</u> First Name <u>[Redacted]</u> Home Phone <u>[Redacted]</u> Work Phone <u>[Redacted]</u> Cell/Other _____
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DAYCARE Name _____
 Contact # _____ Phone _____

MEDICAL INFORMATION
 Manitoba Health Registration No. _____ Personal Health ID No. _____
 Health Concerns / Allergies _____

Pre-School/ School Age Siblings	Name	Birthdate	Gender	School

Date: Aug 30/04 Signature of Parent/Guardian: Samantha Kematch
 This personal information is being collected under the authority of The Public Schools Act for School related purposes. It is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. If you have questions about the collection, please contact your school principal.

**Wellington School
Registration
Nursery/Kindergarten Student Information**

Child's Name: <u>Phoenix Sinclair</u>	Age: <u>4</u>	Birth date: <u>23/04/00</u> <small>(Day/Month/Year)</small>
Address: <u>1-747 McGehee St.</u>	Phone: <u>793-3653</u>	
Mother's Name <u>Samantha Kematch</u>	Work No. _____	
Father's Name _____	Work No. _____	
Address (if different from child) _____		

Language spoken at home: english First Language: english

Names of all Brothers and Sisters	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact: Judy Shingoose Ph. No.:

Who will bring your child to and from school?

1. Samantha Kematch Ph. No.: 793-3653
2. Wes McKay Ph. No.: 793-3653
3. _____ Ph. No.: _____
4. _____ Ph. No.: _____

You must notify the school if anyone other than these four (4) people is to pick up your children. Identification can and will be asked for.

What kind of responsibilities does your child have at home?

clean up own mess

What out-of-school activities is your child involved in? (e.g. clubs, language classes, swimming)

N/A

Are there situations in which your child becomes particularly excitable, upset or frightened?
If so what are they?

When your child is upset or anxious, how does he or she react?

she cries

What helps your child to calm down?

going for a walk or washing her face

Is there any other information you would like to share with us? (e.g. specific problems or concerns you may have, special interests, food preferences, ways of observing religious or cultural holidays, etc.)

Are there any legal documents concerning your child that the school should be aware of and have on file? (e.g. custody papers, restraining orders, other)

N/A

Is there any other information you would like to share with us?

speech is not to good sometimes

If there are any special health problems, please explain. (e.g. allergies, hearing, eye, medication, asthma or problems at birth)

N/A

Does your child take any medication under a doctor's orders?

N/A

Information Regarding Administering Medication to Students

1. The parent or guardian must request administration of medication to a student. A letter from a medical doctor must accompany this request (form letter provided).
2. The medication must be brought from home by the parent or guardian (students are not to carry medication).
3. The medication container must have the process of disposal noted on it and must show the druggist's official label. The container should be one for school use – a separate container should be kept at home.

Day Care Information

Does your child attend day care? Yes No
 _____ _____ _____

If yes, which day care does he/she attend? _____
 Phone No. _____

Has your child attended a Nursery School?
 (Name of Nursery School if known) _____

Has your child been in non-parental care on a regular basis prior to kindergarten entry?

If yes, please indicate if the care was:

In child's home	_____	A relative	_____
In another home	_____	A non-relative	_____
In a Centre	_____	Full-time	_____
Licensed	_____	Part-time	_____
Unlicensed	_____	Don't know	_____
Other	_____		

Sarah Kratt
 Parent/Guardian Signature

Aug. 30/04
 Date

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REGISTRATION CARD
CARTE D'IMMATRICULATION

Manitoba Health Santé Manitoba



REGISTRATION NO.
N° D'IMMATRICULATION



SAMANTHA KEMATCH
1 747 MCGEE ST
WINNIPEG MB R3E 1W9

VALID ONLY IF RESIDENT OF MANITOBA
VALABLE SEULEMENT POUR LES RÉSIDENTS DU MANITOBA

NAME(S)/NOM(S)	REG. # #IMM	Sex Sexe	Birthdate Date de naissance	Coverage Date Entrée en vigueur de la garantie
			Day/Jour Mo/Mois Yr/Année	Day/Jour Mo/Mois Yr/Année

SAMANTHA	[REDACTED]	F	09 09 81	21 06 93
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PHOENIX V H SINCLAIR	[REDACTED]	F	23 04 00	23 04 00
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