



EASTMAN IMMIGRANT SERVICES  
A Steinbach Chamber of Commerce Program

# SWIS Consent Form



Name of Student		Name of Parent/ Legal Guardian	
Home Phone	Cell Phone	Email	
Address		City	Postal Code
Name of Emergency Contact (if parent/ legal guardian is not available)		Email of Emergency Contact	Phone # of Emergency Contact
Manitoba Health Card Number ____ - ____ - ____ - ____   ____ - ____ - ____ - ____ (6 digits)   (9 digits)		Birthdate ____ - ____ - ____ - ____ - ____ - ____ Y Y Y Y M M D D	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Name of School			Grade
Country of Origin		First Language / Other Languages Spoken	
English Language Level Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>		Immigration Status	
Allergies, and Dietary/Health Concerns			
YES	NO	I give my consent to allow SWIS (EIS) to share information about my child's participation in their programs with their school.	
YES	NO	I give my consent to allow my child's school to share information with SWIS (EIS).	
YES	NO	I give my consent to allow SWIS (EIS) staff to conduct school visits with my child at their school to inquire about his/her progress and determine their educational and developmental needs.	
YES	NO	<b>Media &amp; Publication Consent:</b> I give my consent for the publishing of photos, videos and recordings of my child which include media publications, interviews, social media and advertising material for the SWIS (EIS) agency.	
<p>I, _____, the parent or legal guardian of, _____, agree for  <small>(name of parent/ legal guardian)</small> <small>(name of child)</small></p> <p>my child to participate in the Homework Club and remain in the custody of an Eastman Immigrant Services (EIS) representative (incl. SWIS) while participating in the activities.</p> <p>I understand that there may be risks involved in the minor's participation of any activities organized by the Eastman Immigrant Services (EIS), the Settlement Worker In Schools (SWIS), and fully assume risks on his or her behalf.</p> <p>Also, if my child has an injury; a condition that will endanger his/her life; food allergy reaction; and/ or pain if medical treatment is delayed, and, if the EIS representative (incl. SWIS) has not been able to contact me or the Emergency Contact, I appoint an EIS representative to act for me and in my name to make decisions for my child concerning his/her: personal care, medical treatment, hospitalization, and/or health care. Once I have been contacted regarding my child's situation, this agreement is no longer valid.</p> <p>I will not hold the Eastman Immigrant Services (EIS), their representative, the Settlement Worker In Schools (SWIS), the Steinbach Chamber of Commerce, the volunteer, responsible in the event of injury or death.</p>			
Name _____ <small>(please print)</small>		Date _____	
Signature _____			



# SWIS Consent Form



Dear Parents,

This letter is to inform you about the existence of the Settlement Worker in Schools (SWIS) Homework Club.

This homework club takes place every Monday, from 4 to 6PM at the Pat Porter Active Living Centre (10 Chrysler Gate) in Steinbach. It is available to all students, but especially intended for newcomers to Canada. No transportation provided.

At the homework club, two retired teachers, as well as SWIS staff will be present to help your child with their homework needs and school-based projects.

If this interests you, please fill out the attached Consent Form and return it to the school. We would appreciate it if you could inform us when your child will attend, so that we can schedule accordingly.

Sincerely,  
**René Schulz**

*SWIS (Settlement Worker In Schools)*  
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