

STUDENT REGISTRATION FORM

Name of School Where Student is Registering:				
Date of Registration:	MONTH	DAY	YEAR	
Student Information				
Student's Legal Name: Surname		First Name		Middle Name
Any other name by which the student is commonly known/prefers:				
Student's Date of Birth:	MONTH	DAY	YEAR	
Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			
Citizenship				
Canadian Citizen:	<input type="checkbox"/> YES <input type="checkbox"/> NO			
List Birth Country, IF NOT Canada:				
If English is not the student's first Language, please indicate Language mainly spoken at home:				
Does the family need assistance with interpretation?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Arrival Date in Canada:	MONTH	DAY	YEAR	
Citizenship, IF NOT Canadian:		Child of a Canadian Citizen		
		Permanent Resident/Landed Immigrant		
		Child of a lawfully admitted permanent or temporary resident		
		Student Authorization – study permit		
Medical Information				
MCP Number <i>(Student identification purposes)</i>		MCP Number Date of Expiry:		
		MONTH	DAY	YEAR
Student has allergies requiring epi-pen administration:		<input type="checkbox"/> YES <input type="checkbox"/> NO		
<p>Please identify any medical conditions about which you wish our school to be aware. <i>(Please include any condition or disability which may affect student attendance and participation in learning activities. Please also note that additional forms must be completed if any medications need to be administered at school.)</i></p>				

Parent/Guardian Information	
1. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>specify</i>) _____	2. <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>specify</i>) _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Student Lives with :	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>Specify</i>) _____
Primary contact for school:	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>Specify</i>) _____
Custody and access agreement or court order exists:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
Mailing Address: (including postal code):	_____
Street Address: (if different from above):	_____
Phone Number (Home): _____	Phone Number (Work): _____
Phone Number (Cell): _____	Email Address: _____
Automated Message Contact Information (Schools regularly send automated messages regarding school closures, meetings, homework assignments, etc.) <u>How do you want to have automated messages sent to you?</u> <input type="checkbox"/> Home phone number <input type="checkbox"/> Work phone number <input type="checkbox"/> Email address <input type="checkbox"/> All	
Emergency Contact (Please provide name and contact information for individuals we may contact in the case of an emergency, if the school cannot reach a parent/guardian).	
1. NAME: _____ Relationship to Student: _____ Phone Number(s): HOME: (____) _____ WORK: (____) _____ CELL: (____) _____ ADDRESS: _____	2. NAME: _____ Relationship to Student: _____ Phone Number(s): HOME: (____) _____ WORK: (____) _____ CELL: (____) _____ ADDRESS: _____
School Information	
Student Number: _____	
Registering for Program Placement: <input type="checkbox"/> English <input type="checkbox"/> Early French Immersion <input type="checkbox"/> Late French Immersion <input type="checkbox"/> Inuktitut Immersion	
Name of Last School Attended: _____	
Location of Last School <input type="checkbox"/> Within Newfoundland and Labrador <input type="checkbox"/> Other Province/Territory <input type="checkbox"/> Outside Canada	
School Address and Phone Number: _____	

School Principal:		Last Grade Attended:	
Reason for Leaving Last School:			
School Withdrawal Date:	MONTH	DAY	YEAR
Has student received programming through Student Support Services?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, was individual plan developed? (e.g. Individual Education Plan: IEP/ISSP)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Transportation Type			
<input type="checkbox"/> Walker <input type="checkbox"/> Parent/other drop off <input type="checkbox"/> School Bus <input type="checkbox"/> Alternate Transportation			
Bus Route Number (if applicable): _____			
Siblings attending same school [OPTIONAL]:			
Name: _____		Grade: _____	
Name: _____		Grade: _____	
Name: _____		Grade: _____	
Declaration			
I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.			
_____ Signature of Parent/Guardian/Independent Student		_____ Date	
The personal information requested on this form is collected under the authority of the <i>Schools Act, 1997</i> . This information will be used for the general purpose of establishing and/or maintaining a student record and administering educational programming and support services. This information will be treated in accordance with the privacy protection provisions of the <i>Access to Information and Protection of Privacy Act</i> . If you require further information on the collection and use of this information, contact the school principal or the ATIPP Coordinator at ATIPP@nlesd.ca .			
FOR OFFICE USE ONLY:			
<input type="checkbox"/> Date of Birth Verified (e.g. birth certificate, passport)			
<input type="checkbox"/> Immigration Status Verified			
<input type="checkbox"/> Bus Route: _____			
<input type="checkbox"/> Report card from previous school available			
<input type="checkbox"/> Student record/file requested from previous school			
<input type="checkbox"/> Custody and access arrangements confirmed (e.g. copy of excerpt from agreement/court order)			