

311A 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:				
First Language (if not English):				
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 (Student identification purposes)		MCP Date of Expiry:		
_____		MONTH	DAY	YEAR
Student has allergies requiring epi-pen administration:		<input type="checkbox"/> YES <input type="checkbox"/> NO		
Please identify any medical conditions or disability which may affect school attendance and participation in learning activities. (Please also note that additional forms must be completed if any medications need to be administered at school.)				

Parent/Guardian Information	
1. <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>specify</i>) _____	

Parent 1 First Name:	Parent 1 Last Name:
Parent 2 First Name:	Parent 2 Last Name:
Student Lives with :	<input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>Specify</i>) _____
Primary contact for school:	<input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (<i>Specify</i>) _____
<i>Schools Act, 1997 (Definitions): (i) "parent" mean (i) the father or mother of a child by birth, (ii) a person who has adopted a child under the Adoption of Children Act , (iii) a person having lawful custody of a child, and (iv) a person who has demonstrated a settled intention to treat a child as a child of his or her family, other than under an arrangement where the child is placed in a foster home for consideration by a person having lawful custody of the child;</i>	
Custody and access agreement or court order exists:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT APPLICABLE
Community where parent/guardian resides:	
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"/> Cell phone number <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: _____
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	
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 [If APPLICABLE]:	
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

(Previous) School Information			
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
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"/> Residency/Address verified			
<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)			