

2011-2012 REGISTRATION FORM ELEMENTARY AND JUNIOR HIGH

SCHOOL: _____ GRADE: _____

Date of Enrolment: _____		
Student Number/s (Office Use Only): _____	PSM/USI: _____	School ID #: _____
School Attended Last Year (if different): _____		
School Address (if outside HRM): _____		

PROGRAM INFORMATION

Choose one of the following:

Check if applicable
Instrumental Music: <input type="checkbox"/>
Type of Instrument: _____

English Program: <input type="checkbox"/>
Early French Immersion Program: (Begins in Primary) <input type="checkbox"/>
Late French Immersion Program: (Begins in Grade 7) <input type="checkbox"/>

STUDENT & PRIMARY RESIDENCE INFORMATION

Surname: _____	First Name: _____	Second Name: _____
Gender: _____	Birth Date: Year ____ Month ____ Day ____	
Civic/Street Address: _____	Town & Postal Code: _____	Mailing Address (if different from street address): _____
Home Phone: _____	Language Most Often Spoken in the Home: _____	
PARENT/LEGAL GUARDIAN		PARENT/LEGAL GUARDIAN
Name: _____		Name: _____
Civic/Street Address: _____		Civic/Street Address: _____
Town & Postal Code: _____		Town & Postal Code: _____
Home Phone: _____		Home Phone: _____
Work Phone: _____		Work Phone: _____
Cell Phone: _____		Cell Phone: _____
Email Address: _____		Email Address: _____

MEDICAL INFORMATION

Nova Scotia Health Card Number: _____	Expiry: _____
Medical Concerns: _____	
Doctor's Name: _____	Phone Number: _____
Medical Emergency Contact Phone Number: _____	Name of Person at that Number: _____

FOR BUS STUDENTS ONLY: Please place a check mark on the appropriate choice for A.M. & P.M.

Regular A.M. Pick Up Location: _____	Primary Residence <input type="checkbox"/>	Child Care/Sitter <input type="checkbox"/>
Regular P.M. Drop Off Location: _____	Primary Residence <input type="checkbox"/>	Child Care/Sitter <input type="checkbox"/>
Name of Child Care/Sitter: _____	Contact Number: _____	
Civic Address: _____		

ALTERNATIVE EMERGENCY INFORMATION - to be used for the Emergency Phone Tree if parent/guardian cannot be reached during an emergency closure.

Emergency Contact Phone: _____	Name of Person at that Number: _____
Address: _____	

Siblings in this school:

Name & Grade _____ Name & Grade _____ Name & Grade _____

INTERNATIONAL STUDENT INFORMATION

Country of Origin:

Please select **one** of the following choices:

<input type="checkbox"/> Walk-in Student	<input type="checkbox"/> Parent has Employment Authorization
<input type="checkbox"/> Nova Scotia International Student Program (NSISP) Participant	<input type="checkbox"/> Parent has Student Authorization
	<input type="checkbox"/> Parent is a Landed Immigrant
	<input type="checkbox"/> Parent is a Refugee

Health Insurance: Yes No

Self-Identification [Completion of this section is voluntary and confidential.]

Parents/Guardians and/or students may choose to self-identify to contribute to putting together a current picture of the make-up of the student population. By doing so, students enable the Department of Education and School Boards to have a greater awareness of the diversity of the student population and the communities served.

Ancestry

For the purpose of this form, ethnic or cultural origins of the student's ancestors is from either/or both sides of the family. Ethnic or cultural ancestry should not be confused with citizenship.

- Acadians/Acadiens** are the descendants of the original French settlers of the north-eastern region of North America comprising, what is now the provinces of, Nova Scotia, New Brunswick, and Prince Edward Island

Please select from the following:

Acadian/Acadien* African East Asian European Asian Middle Eastern

Other, please specify _____

**Note: For those students entitled to attend a French school, contact a School Official to complete the necessary forms.*

Aboriginal Identity

For the purpose of this form, Aboriginal Peoples are persons who consider themselves to be North American First Nations or Inuit.

Is this student considered to be an Aboriginal person? Yes No

If **YES**, please check the group that best applies:

Status On-Reserve Status Off-Reserve Inuit

Non-Status On-Reserve Non-Status Off-Reserve Other, please specify _____

Band (please identify):

<input type="checkbox"/> Acadia First Nation	<input type="checkbox"/> Annapolis Valley First Nation	<input type="checkbox"/> Bear River First Nation	<input type="checkbox"/> Eskasoni
<input type="checkbox"/> Glooscap First Nation	<input type="checkbox"/> Indian Brook First Nation	<input type="checkbox"/> Membertou	<input type="checkbox"/> Millbrook
<input type="checkbox"/> Paq'tnkek First Nation	<input type="checkbox"/> Pictou Landing First Nation	<input type="checkbox"/> Potlotek	<input type="checkbox"/> Wagmatcook
<input type="checkbox"/> We'kaqma'q <input type="checkbox"/> Non-Nova Scotia Band, please specify _____			

Office Use Only

Bussed Walks Special Bus Courtesy Bus A.M. Bus No. _____ P.M. Bus No. _____

Special Transportation Requirements: Yes No Description: _____

Is this student subsidized for day care? Yes No

Is this an Out-of-Area student? Yes No

Proof of Primary Residence Verified by: _____ Date: _____
(School Administrator)

(Primary Students Only) Date of Birth Verified by: _____ Date: _____
(School Administrator)

Would you like to volunteer at Office at Library in Classroom

Signature of Parent/Legal Guardian

Date