



Class Assigned:

## 2010-2011 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

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

Choose one of the following:

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"/>
Intensive French Program: (Begins in Grade 7) <input type="checkbox"/>

## STUDENT &amp; 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:

<b>FOR BUS STUDENTS ONLY:</b>		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: _____	<input type="checkbox"/> Nova Scotia International Student Program Participant	<input type="checkbox"/> Walk-in Students
Parent has Employment Authorization:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent has Student Authorization:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Refugee
Health Insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Office Use Only**

Bussed <input type="checkbox"/>	Walks <input type="checkbox"/>	Special Bus <input type="checkbox"/>	Courtesy Bus <input type="checkbox"/>	A.M. Bus No. _____	P.M. Bus No. _____
Special Transportation Requirements:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Description: _____		
Is this student subsidized for day care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Is this an Out-of-Area student?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Proof of Primary Residence Verified by:	_____		Date: _____		
	(School Administrator)				
(Primary Students Only) Date of Birth Verified by:	_____		Date: _____		
	(School Administrator)				

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*