



SCHOOL: <Insert Name of School>

Date of Enrolment (Month/Day/Year):
School Attended Last Year (if different):

PROGRAM INFORMATION* [Choose one of the following]

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

*Note: Contact school administration for assistance completing this section, if needed.

STUDENT INFORMATION

LEGAL NAME (as listed on birth certificate, passport or immigration papers)	
Last:	First: Middle:
Preferred:	
Date of Birth: Month _____ Day _____ Year _____	Proof for Date of Birth (must be presented to Office): <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade:
PSM # (Completed by Office):	Out of Area? (Completed by Office): <input type="checkbox"/> Yes <input type="checkbox"/> No
Civic Address (Street, Apt):	City/Town, Province & Postal Code:
Mailing Address (Street, Apt)(if different from civic address):	Mailing Address - City/Town, Province & Postal Code:
Home Phone:	Student's Cell Phone:

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name (First/Last):	Name (First/Last):
Relationship:	Relationship:
Civic Address (if different from student):	
Civic Address (Street, Apt):	Civic Address (Street, Apt):
City/Town, Province & Postal Code:	City/Town, Province & Postal Code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French
Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____

CUSTODY ARRANGEMENTS [Appropriate documentation should be provided; Complete annually]

Are special custody arrangements requested for this student at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description/Details (including any special instructions):

EMERGENCY CONTACT(S) [Other than Parent(s)/Guardian(s)]

Contact 1	Contact 2	Contact 3
Name (First/Last):	Name (First/Last):	Name (First/Last):
Relationship:	Relationship:	Relationship:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French
Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____

MEDICAL INFORMATION

Does your child have any potential, life-threatening medical conditions? Yes No

If **YES***, please check one or more of the following:

<input type="checkbox"/> Allergies (Severe Allergic Reaction)	<input type="checkbox"/> Anxiety/Depression
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Flight Risk (due to diagnosed medical condition)	
<input type="checkbox"/> Other potential, life-threatening medical condition, please specify: _____	

**Note: Please contact a school official to complete an Individual Health/Emergency Care Plan.*

Please specify any medications as well as medical response and instructions that may be necessary:

Provincial Health Card No.:	Health Card Expiry Date (mm/dd/yyyy):	Doctor's Name:	Doctor's Phone:
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Does your child have special needs which may require individual programming? Yes No

If **YES**, please specify:

If your child requires medical attention and a school official is unable to contact parent(s)/guardian(s), emergency contact(s) or family physician, I/we give consent to have a school official take my/our child to the nearest medical facility.

X _____ Parent/Guardian Signature

SELF-IDENTIFICATION [Completion of this section is voluntary and confidential.]

Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the Department of Education and School Boards to have a greater awareness of the diversity of the student population and the communities served and to better meet the educational needs of students.

ABORIGINAL IDENTITY

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

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

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

<input type="checkbox"/> Status On-Reserve	<input type="checkbox"/> Status Off-Reserve	<input type="checkbox"/> Inuit, please specify community _____
<input type="checkbox"/> Non-Status On-Reserve	<input type="checkbox"/> Non-Status Off-Reserve	<input type="checkbox"/> Métis, please specify community _____

First Nation (Band) please identify:

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

FRENCH FIRST LANGUAGE EDUCATION ELIGIBILITY [Completion of this section is voluntary]

One of the ways you may access French first language education is under Section 23 of the *Canadian Charter of Rights and Freedoms* as an entitled parent. Under the Nova Scotia *Education Act*, children of an **entitled parent** are entitled to be provided a French-first-language program.

An **entitled parent** means a parent who is a citizen of Canada and

- i. whose first language learned and still understood is French, or
- ii. who received his or her primary school instruction in Canada in a French-first-language program, or
- iii. of whom any child has received or is receiving primary or secondary school instructions in Canada in a French-first-language program.

As a parent, do you meet at least one of the above criteria? Yes No Do Not Know

Note: French first language education is not a French immersion program.

You are advised that future children of your son or daughter may lose their right to an education in the French first language if your child does not attend a French first language school.

In Nova Scotia, French first language education is only offered by the Francophone school board, the Conseil scolaire acadien provincial (CSAP).

Representatives from CSAP are available to answer any questions you have regarding French first language education and to help you determine if you are an entitled parent.

Do you wish to have your name, home telephone number, and email address given to CSAP for a representative to contact you with more information about French first language education? Yes No

You may also contact the CSAP at 902-769-5472, 902-769-5458, 1-888-553-2727, or visit the CSAP website at www.csap.ednet.ns.ca.

I/we certify that all of the information on this **registration form** to be correct.

X _____

Parent/Guardian Signature

Date