

SCHOOL:

Please review all sections and update the information as needed.

The Custody Arrangements and Medical Information sections **must** be completed each year.

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

PROGRAM INFORMATION *[Identify if changing programs]

<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)

*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"/> None <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers
Gender: <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:	

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 (English/French):	Language Comprehension (English/French):
Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaq <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'kmaq <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):

ANCESTRY
<p>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.</p> <ul style="list-style-type: none"> 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 <p>Please select from the following:</p> <p> <input type="checkbox"/> Acadian/Acadien* <input type="checkbox"/> African <input type="checkbox"/> East Asian <input type="checkbox"/> European <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other, please specify _____ </p> <p>*Note: For those students entitled to attend a French school, contact a School Official to complete the necessary forms.</p>

SIBLINGS															
Please list all children in your family who attend school. If you require additional space, please attach a separate page.															
<table border="1"> <thead> <tr> <th>Name (First/Last)</th> <th>Grade</th> <th>School</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name (First/Last)	Grade	School												
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TRANSPORTATION [To Be Completed By Office]	
Special Needs Transportation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> School Bus <input type="checkbox"/> Public Bus Pass <input type="checkbox"/> Walk	
Bus Route:	
AM Route:	PM Route:
AM Stop Location:	PM Stop Location:
Bus Driver:	Bus Driver:
Eligibility: <input type="checkbox"/> Eligible <input type="checkbox"/> Administration Permission <input type="checkbox"/> Not Eligible	Bus Type: <input type="checkbox"/> School Bus <input type="checkbox"/> Public Bus Pass
Reason for Administration Override:	

ALTERNATE BUSSING INFORMATION [To Be Completed By Office]	
Under special circumstances, some children may require alternate pick up and/or drop off locations to/from school and a location other than their home residence. Within reason, the school will make arrangements to accomodate those requests.	
<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both	
Street:	City, Province, Postal Code:
Contact Name (First/Last):	Contact Phone:

INTERNATIONAL STUDENT INFORMATION								
Country of Origin:								
Please select one of the following choices: <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Walk-In Student</td> <td><input type="checkbox"/> Parent has Employment Authorization</td> </tr> <tr> <td><input type="checkbox"/> Nova Scotia International Student Program (NSISP) Participant</td> <td><input type="checkbox"/> Parent has Student Authorization</td> </tr> <tr> <td><input type="checkbox"/> Exchange Student (HS Only)</td> <td><input type="checkbox"/> Parent is a Landed Immigrant</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Parent is a Refugee</td> </tr> </table>	<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"/> Exchange Student (HS Only)	<input type="checkbox"/> Parent is a Landed Immigrant		<input type="checkbox"/> Parent is a Refugee
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<input type="checkbox"/> Exchange Student (HS Only)	<input type="checkbox"/> Parent is a Landed Immigrant							
	<input type="checkbox"/> Parent is a Refugee							
Health Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No								

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

X _____

Parent/Guardian Signature
 Date