|  |  |
| --- | --- |
|  | SCHOOL: <Insert Name of School> |

|  |
| --- |
| Date of Enrolment (month/day/year): |
| School Attended Last Year (*if different*): |

**PROGRAM INFORMATION\*** - *Choose* ***one*** *of the following*

|  |  |  |
| --- | --- | --- |
| Pre-primary | Integrated French (begins in Grade 7) | |
| English Program | English O2 (begins in Grade 10) | |
| Early French Immersion (begins in Elementary) | French Immersion O2 (begins in Grade 10) | |
| Late French Immersion (begins in Grade 7) | Integrated French O2 (begins in Grade 10) | |
| ***\*Note:*** Contact school administration for assistance completing this section, if needed. | |

**STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEGAL NAME** *- Must match birth certificate, passport, immigration papers, legal name change certificate, or adoption documents* | | | |
| Last: | First: | | Middle: |
| Preferred first name (*the name by which your child will be addressed, and that will appear on school documents*): | | | |
| Date of birth: month \_\_\_\_\_\_\_ day \_\_\_\_\_\_\_ year \_\_\_\_\_\_\_ | | Proof of identity (must be presented to office):  Adoption documents  Birth certificate | |
| Immigration papers  Passport | |
| Gender:  F (Female)  M (Male)  X (Non-binary or another gender identity) | | | |
| Student number (*completed by office*): | | Grade level: | |
| Civic address (Number/apartment, street, community/city/town, province & postal code): | | | |
| Mailing address (*if different from civic address*) (Number/apt, street, community/city/town, province & postal code): | | | |
| Home phone: | | Student’s cell phone: | |
| Language Comprehension:  English  French | | Language most often spoken in the home:  Arabic  English  French  Gaelic  Mi’kmaw  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**PARENT / GUARDIAN INFORMATION**

|  |  |
| --- | --- |
| **PARENT/GUARDIAN 1** | **PARENT/GUARDIAN 2** |
| Name (Last, First): | Name (Last, First): |
| Relationship: | Relationship: |
| **Civic Address** - *Complete this section only if different from student’s address* | |
| Civic address (Number/apt, street, community/city/town, province & postal code): | Civic address (Number/apt, street, community/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:  Arabic  English  French  Gaelic  Mi’kmaw  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Language most often spoken in the home:  Arabic  English  French  Gaelic  Mi’kmaw  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ADDITIONAL EMERGENCY CONTACT(S)**

|  |  |  |
| --- | --- | --- |
| **Contact 1** | **Contact 2** | **Contact 3** |
| Name (Last, First): | Name (Last, First): | Name (Last, First): |
| Relationship: | Relationship: | Relationship: |
| Home phone: | Home phone: | Home phone: |
| Work phone: | Work phone: | Work phone: |
| Cell phone: | Cell phone: | Cell phone: |
| Language comprehension:  English  French | Language comprehension:  English  French | Language comprehension:  English  French |
| Language most often spoken in the home:  Arabic  English  French  Gaelic  Mi’kmaw  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | Language most often spoken in the home:  Arabic  English  French  Gaelic  Mi’kmaw  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | Language most often spoken in the home:  Arabic  English  French  Gaelic  Mi’kmaw  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Custody Arrangements** – MUST BE COMPLETED ANNUALLY; *appropriate legal documentation shall be provided*

|  |
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| Are special custody arrangements requested for this student at school? YesNo |
| Description/details (*include any special instructions*): |

**MEDICAL INFORMATION** -MUST BE COMPLETED ANNUALLY

|  |  |  |  |
| --- | --- | --- | --- |
| Doctor’s name: | Doctor’s phone: | Health Card number: | Health Card expiry date (mm/dd/yyyy): |
| MedicAlert No. (*if applicable*): | | | |
| Health Care Needs/Medical Diagnosis(es)  If **YES\***, please check one or more of the following:  *Please Note: Checking any of the below requires further program-planning meetings and/or documentation (e.g. Health Plan of Care; Administration of Medical Forms; etc.)*  Anaphylaxis/Life Threatening Allergy(ies)  Catheterization  Asthma  Diabetes  Seizures  Tube Feeding  Administration of prescribed medication is required during the school day.  Diagnosed Mental Illness  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Siblings**

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| --- | --- | --- |
| *Please list all children in your family who attend school. If you require additional space, please attach a separate page.* | | |
| **Name (Last, First)** | **Grade** | **School** |
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**Transportation [To be completed by Parents or the School Office]**

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| --- | --- | --- |
| Special Needs Transportation required?YesNo | | |
| SchoolBus Public Bus PassWalk | | |
| AM Bus Route: | | PM Bus Route: |
| AM Stop Location: | | PM Stop Location: |
| AM Bus Driver: | | PM Bus Driver: |
| Eligibility:  Eligible  Administration Permission  Not | | Bus Type:  School Bus  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 accommodate these requests. | | |
| AMPMBoth | | |
| Street: | Community or City/Town, Province & Postal Code: | |
| Contact Name (Last, First): | Contact Phone: | |
| **Unexpected Early Closure Instructions**  In the event that school must close early, indicate alternative arrangements you want for your child. | | |
|  | | |

**International/iMMIGRANT Student Information**

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| *Please select one of the following (documentation to verify status in Canada and proof of medical insurance to be provided at time of registration):* | |
| **Nova Scotia International Student Program (NSISP) Participant:** short term (less than 3 months)  3 months or more | |
| **Fee-paying Student** (who is not part of the NSISP or an approved exchange program): has a study permit valid until month \_\_\_\_\_\_\_\_ day\_\_\_\_\_\_\_\_ year\_\_\_\_\_\_\_\_  is studying for less than 6 months without a study permit | |
| **Exchange student** (is participating in an exchange through an approved student exchange program) | |
| **Permanent resident** | |
| **Dependant of a temporary resident**   parent has a work permit until month \_\_\_\_\_\_\_\_ day\_\_\_\_\_\_\_\_ year\_\_\_\_\_\_\_\_  parent has a study permit until month \_\_\_\_\_\_\_\_ day\_\_\_\_\_\_\_\_ year\_\_\_\_\_\_\_\_ | |
| **Refugee claimant** | |
| **Citizenship:** | **Medical Insurance:** YesNo |

**SELF-IDENTIFICATION** - Completion of this section is voluntary

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| *Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the Department of Education and Early Childhood Development, Regional Centres for Education and CSAP 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.* |
| **INDIGENOUS -** *For the purpose of this form, Indigenous persons are those who consider themselves to be Mi’kmaw/other First Nations, Métis, or Inuit.* |
| **YES**, student is of Indigenous ancestry **NO**,student is not of Indigenous ancestry  If **YES,** to which group do you belong?  Mi’kmaq/other First Nation  Métis  Inuit |
| **ANCESTRY** |
| Please indicate the ancestry with which the student most identifies. Select all that apply.  Acadian descentAfrican descent (Black)Asian descent  East Asian descent  European descent Middle Eastern descent Not listed (NL) above, (*please specify*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**French First Language Education Eligibility** - Completion of this section is voluntary

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| 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. Clause 3(I)(h) of the Act defines “entitled parent” as follows:  An *entitled parent* means a parent who is a citizen of Canada and   1. whose first language learned and still understood is French, or 2. who received his or her primary school instruction in Canada in a French-first-language program, or 3. 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 902-471-0082, 902-769-5458, 1-888-533-2727, info@csap.ca, or visit the CSAP website at [www.csap.ca](http://www.csap.ca). |

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

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date