

SCHOOL: <Insert Name of School>

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

**PROGRAM INFORMATION\* [Choose one of the following]**

|  |  |  |
| --- | --- | --- |
| English Program | English Program with Intensive French (Begins in Grade 6) | |
| Early French Immersion (Begins in Primary) | Late French Immersion (Begins in Grade 7) | |
| Integrated French | Senior High English O2 | |
| Senior High Early French Immersion O2 | Senior High Late French Immersion O2 | |
| Senior High Integrated French O2 |  | |
| ***\*Note:*** Contact school administration for assistance completing this section, if needed. | |

**STUDENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **LEGAL NAME (as listed on birth certificate, passport, immigration papers, legal name change certificate, or adoption documents )** | | | |
| Last: | First: | | Middle: |
| Preferred: | | | |
| Date of Birth: Month \_\_\_\_\_\_\_ Day \_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_ | | Proof for Date of Birth (must be presented to Office):  Birth Certificate  Passport  Immigration Papers  Adoption Documents  Verification Pending | |
| Sex:  Female  Male | | Grade: | |
| PSM # (Completed by Office): | | Out of Area? (Completed by Office):  Yes  No | |
| Civic Address (Street, Apt): | | Community or City/Town, Province & Postal Code: | |
| Mailing Address (Street, Apt)(if different from civic address): | | Mailing Address - Community or 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  Mi’kmaw  Gaelic  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**PARENT / GUARDIAN INFORMATION**

|  |  |
| --- | --- |
| **PARENT/GUARDIAN 1** | **PARENT/GUARDIAN 2** |
| Name (Last, First): | Name (Last, First): |
| Relationship: | Relationship: |
| **Civic Address (if different from student):** | |
| Civic Address (Street, Apt): | Civic Address (Street, Apt): |
| Community or City/Town, Province & Postal Code: | Community or 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  Mi’kmaw  Gaelic  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Language Most Often Spoken in the Home:  Arabic  English  French  Mi’kmaw  Gaelic  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Custody Arrangements [Complete annually; Appropriate documentation should be provided]**

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

**EMERGENCY CONTACT(S) [Other than Parent(s)/Guardian(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  Mi’kmaw  Gaelic  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Language Most Often Spoken in the Home:  Arabic  English  French  Mi’kmaw  Gaelic  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Language Most Often Spoken in the Home:  Arabic  English  French  Mi’kmaw  Gaelic  Other, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICAL INFORMATION [Complete annually]**

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| --- | --- | --- | --- |
| Doctor’s Name: | Doctor’s Phone: | Provincial Health Card No.: | Health Card Expiry Date (mm/dd/yyyy): |
| MedicAlert No. (if applicable): | | | |
| Health Care Needs/Medical Diagnosis  If **YES\***, please check one or more of the following:  Anaphylaxis/Life Threatening Allergy(ies)  Catheterization  Asthma  Diabetes  Seizures  Tube Feeding  Administration of prescribed medication is required during the school day.  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Please Note: Indicating* Yes *to any of the above requires further Program Planning and/or TIENET documentation (e.g. Health and/or Emergency Care Plan; Administration of Medical Forms; etc.)*  Mental Health Concern(s) (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. | | |
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**International/iMMIGRANT Student Information**

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| Please select **one** of the following: | |
| **Nova Scotia International Student Program (NSISP) Participant:** Students who attend a school in Nova Scotia as a participant in NSISP. NSISP students live with a host family, have medical insurance, and pay tuition to attend school. Students are eligible to receive high school credits and the Nova Scotia High School Graduation Diploma if credit requirements have been achieved. | |
| **Exchange Student:** Students who have registered with an approved company or organization to attend school in Nova Scotia. For a complete list of eligible companies, please consult the list published by the EECD. Students must provide proof of medical insurance. Exchange students are not eligible to graduate from a NS high school. | |
| **Fee-paying Students (excluding NSISP and Exchange Students):** Students who have obtained their own Study Permit (issued by Citizenship and Immigration Canada) to attend school or students who are studying for less than 6 months without a Study Permit. These students live with a relative, family friend or an arranged custodian. They are required to present to the school proof of medical insurance, proof of fee paid to the school board and a Letter of Acceptance issued by the School Board to attend school. These students are eligible to graduate from a NS high school. | |
| **Permanent Resident Student (Non-tuition paying students):** Parent(s)/student(s) are not yet citizens; includes refugees and refugee claimants.  Parents are asked to provide proof of the student’s immigration status (one of the following):   * Record of Landing (IMM1000), confirmation of Permanent Residence (IMM5292), or Permanent Resident Card   Expiry Date: Month \_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_ | |
| **Temporary Resident Student (Non-tuition paying students):** Parent(s) are in Canada and have either a Work Permit or Study Permit. If the parent’s Work Permit is for longer than 12 months, the family is eligible for MSI Health Insurance immediately.  Parent Work Permit Expiry Date of Permit:  Parent Study Permit Month \_\_\_\_\_\_\_\_ Day\_\_\_\_\_\_\_\_ Year\_\_\_\_\_\_\_\_ | |
| Country of Origin: | Medical Insurance: YesNo |

**SELF-IDENTIFICATION [Completion of the Aboriginal Identity and Ancestry categories 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 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. It should be noted that ethnic or cultural identity should not be confused with nationality |
| **ABORIGINAL IDENTITY**  For the purpose of this form, Aboriginal Peoples are persons who consider themselves to be First Nations, Métis, or Inuit. |
| |  |  | | --- | --- | | **YES, student is considered to be an Aboriginal person. (please check all boxes that apply)** | | | **Status:** Status On-Reserve  Non-Status On-Reserve  Status Off-Reserve  Non-Status Off-Reserve  Inuit, please specify community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Métis, please specify community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **First Nation (Band) please identify:**  AcadiaAnnapolis Valley Bear River  Eskasoni GlooscapIndian Brook  Membertou  Millbrook  Paq’tnkek  Pictou Landing Potlotek Wagmatcook  We’koqma’q  Non-Nova Scotia Band, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **NO, student is not considered to be an Aboriginal person** |
| **ANCESTRY** |
| Please indicate the ancestry with which the student most identifies.  Acadian descentAfrican descent (Black)Asian descent  East Asian descent  European descent Middle Eastern descent Not listed 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.  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 902-769-5472, 902-769-5458, 1-888-533-2727, or visit the CSAP website at [www.csap.ednet.ns.ca](http://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