



[NEW STUDENTS]
STUDENT REGISTRATION FORM

DATE OF REGISTRATION: _____ / _____ / _____
MONTH DAY YEAR

Name of School Where Student is Registering:			
Student Information			
Student's Legal Surname:			
Student's Legal First Name:			
Student's Legal Middle Name:			
Any other name by which the student is commonly known in the family and community:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Student's Date of Birth:	MONTH	DAY	YEAR
Citizenship			
Canadian Citizen: <input type="checkbox"/> YES <input type="checkbox"/> NO	List Birth Country, IF NOT Canada:		
If English is not the student's first language, please indicate language mainly spoken at home:			Does the family need assistance with interpretation? <input type="checkbox"/> YES <input type="checkbox"/> NO
Arrival Date in Canada: _____ / _____ / _____ <small>MONTH DAY YEAR</small>	Citizenship, IF NOT Canadian:		
	Child of a Canadian Citizen		
	Permanent Resident/Landed Immigrant		
	Child of a lawfully admitted permanent or temporary resident		
Student Authorization – study permit			
Medical Information			
MCP Number: <i>(Student identification purposes)</i>			Student has allergies requiring epi-pen administration: <input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any medical conditions about which you wish to make the school aware?* <i>*If a student has a medical condition or disability which can affect student attendance and participation in learning activities, it is the parent/guardian's responsibility to make the school aware of the condition.</i>			

Parent/Guardian Information

1. Mother Father Legal Guardian
 Other (*specify*) _____
 Mr Ms Miss Mrs Dr

2. Mother Father Legal Guardian
 Other (*specify*) _____
 Mr Ms Miss Mrs Dr

Last Name:

Last Name:

First Name:

First Name:

Student Lives with : Both parents Mother Father Legal Guardian
 Other (*Specify*) _____

Primary contact for school: Both parents Mother Father Legal Guardian
 Other (*Specify*) _____

Custody and access agreement or court order exists:

YES NO NOT APPLICABLE

Primary Contact Information

Parent/Guardian #1

Parent/Guardian #2 (*if applicable*)

Mailing Address:
(including postal code):

Street Address:
(if different from above):

Phone Number (Home):

Phone Number (Work):

Phone Number (Cell) *OPTIONAL*:

Email Address *OPTIONAL*:

Automated Message Contact Information: *(Schools regularly send automated messages regarding school closures, meetings, homework assignments, etc.)* How do you want to have automated messages sent?

Home phone number Work phone number Email address All

EMERGENCY CONTACT: *(Parent/guardian must provide name and contact information for at least one individual the school may contact in the case of an emergency, if the school cannot reach a parent/guardian.)*

Name:

Name:

Relationship to Student:

Relationship to Student:

HOME #:

Home #:

WORK #:

Work #:

Cell #:

Cell #:

Address:

Address:

School Information			
Student Number: <i>(If applicable)</i>			
Registering for Program Placement: <input type="checkbox"/> English <input type="checkbox"/> French Immersion			
Has Student Previously Attended School in Nova Central School District? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, what school did s/he attend?	
Name of Last School Attended, if not the same as above:			
School Address:			
School Phone Number:		Last Grade Attended:	
Reason for Leaving Last School:			
School Withdrawal Date:	MONTH	DAY	YEAR
Has student been enrolled in a special program?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, was individual plan developed? <i>(e.g. Individual Education Plan: IEP/ISSP)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Siblings attending same school:			
Name: _____		Grade: _____	
Name: _____		Grade: _____	
Name: _____		Grade: _____	
Transportation type: <i>(NCSD will provide transportation in accordance with provincial and district student transportation policies.)</i>			
<input type="checkbox"/> Walker <input type="checkbox"/> Parent/other drop-off <input type="checkbox"/> School bus <input type="checkbox"/> Special transportation			
Bus Route (if applicable):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> _____		
Declaration			
I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.			
_____ <i>Signature of Parent/Guardian/Independent Student</i>		_____ <i>Date</i>	
The personal information requested on this form is collected under the authority of the <i>Schools Act, 1997</i> . This information will be used to establish a student record; administer and evaluate educational programming and support services; allocate staff and other resources appropriately; and, to determine eligibility for funding. It may be used for contact purposes in the event of problems or emergencies, for statistical purposes and for other purposes that relate directly to, and are necessary for, operating a program or activity. This information will be treated in accordance with the privacy protection provisions of the <i>Access to Information and Protection of Privacy Act</i> and school district staff members are required by law to protect the personal information provided on this form. If you require further information on the collection and use of this information, contact the Senior Administrative Officer (Corporate) at the district head office: (709) 256-2547 or boardoffice@ncsd.ca .			
FOR OFFICE USE ONLY:			
<input type="checkbox"/> Bus Route: _____		<input type="checkbox"/> Bus #: _____	
<input type="checkbox"/> Date of Birth Verified (e.g. birth certificate, passport)		<input type="checkbox"/> Immigration Status Verified	
<input type="checkbox"/> Report card from previous school available		<input type="checkbox"/> File requested from previous school	
<input type="checkbox"/> Custody and access arrangements confirmed (e.g. copy of excerpt from agreement/court order).			

Consent

I, being the parent/guardian of the student named: _____
voluntarily give the Nova Central School Board of Education consent for the following:

- YES NO My child's work (e.g. artwork/creative media, project) to be displayed within the school, at community and public events and in competitions. The following are examples of how student work may be shown:
- Displays at school district sites or school district-sponsored events
 - Displays at school-sponsored open houses
 - Professional development sessions and conferences
 - School or community publications (eg. local papers, school newsletter, reports)
 - Posting or publishing on school or Nova Central School District websites.
- YES NO My child's name to be released with respect to scholarships, honor rolls, achievements and other special recognition to the school district, government or media officials.
- YES NO My child's name to be included in the list of names, phone numbers, class lists for distribution to coaches, supervisors, parent association, volunteers, school council and school newsletters.
- YES NO My child's photographs, name, grade, school and references to his/her work in various public forums as described and to use or reproduce likenesses of my child in any legal manner for the internal and external promotional and informational activities of the school and Nova Central School District. This information is to be used for general educational, non-profit purposes.*
- YES NO My child to be recorded by the media while he/she is participating in school-sponsored events.*

Please be advised that you may withdraw your consent for any of the above at any time by writing to the school principal.

Signature of Parent/Guardian/Independent Student

Date

**From time to time the school district receives requests from media representatives to come on to school property and report on, photograph and/or record an aspect of the school or its programs. Occasionally, we also invite media representatives to cover school events and activities. We also promote school activities and events by posting photographs and information in school and district newsletters, brochures, reports, advertisements, yearbooks and on our website(s). Schools in our district cooperate with the media and other organizations, within reason, to share information about schools and student achievements. Publicity is carefully considered before being permitted. However, we recognize that there are instances where parents may not wish their child to be recorded during educational activities. Once photographs, student name, other identifying information or student work are released in any public forum, Nova Central School District cannot control or prevent the further distribution or use of the material by those who access the information. Nova Central School District cannot prevent media outlets from photographing students or trying to interview them from points beyond our control, such as across the street from the school. If this is a concern, you may wish to discuss the matter with your child.*

Please note that when public events such as Christmas concerts and sports tournaments are held [where spectators including parents, members of the media and other members of the general public may attend] anyone in attendance may take photographs or videotape the event without consent. Other than at events considered public, media representatives must obtain permission from the principal/vice-principal to interview or photograph students on school property.