

Eastern School District - **STUDENT INFORMATION COLLECTION FORM - ELEMENTARY**

Student being registered: \_\_\_ by phone \_\_\_ in person Date:

Previous school attended:	
Siblings in this school:	Siblings in other schools:
<b>Student Master - Identification</b>	
Legal Last Name:	Legal Given Names (all):
Common Last Name:	Common Name:
Home Room (school use only):	Home Phone:
Birth Date (yyyy/mm/dd):	Gender: ___ male ___ female
<b>Regular</b> Transportation: ___ Bus ___ Walk ___ Other ( <i>specify</i> ):	
AM Bus(es): _____/_____/_____	PM Bus(es): _____/_____/_____
<b>Alternate</b> (shared custody) Transportation: ___ Bus ___ Walk ___ Other ( <i>specify</i> ):	
AM Bus(es): _____/_____/_____	PM Bus(es): _____/_____/_____
<b>Demographics - Home Address Information - Civic + Mailing</b>	
Parent/Guardian - Name(s):	
Apt. #:	Civic/House #:
Street/Road:	PO Box or RR:
City/Community (mailing):	City/Community (civic):
Postal Code (mailing):	Postal Code (civic):
<b>Demographics - Alternate Home Address Information - (shared custody) - Civic + Mailing</b>	
Parent/Guardian - Name(s):	
Apt. #:	Civic/House #:
Street/Road:	PO Box or RR:
City/Community (mailing):	City/Community (civic):
Postal Code (mailing):	Postal Code (civic):
<b>Demographics - Address Information - After School Destination (if different from home) - Civic</b>	
Name:	Relationship:
Apt. #:	Civic/House #:
Street/Road:	City/Community (civic):
<b>Demographics - Address Information - Early Closure Destination (if different from usual after-school destination) - Civic</b> <i>This would be used when school is closed early as a result of bad weather, water or heat problems in the school, etc.</i>	
Name:	Relationship:
Apt. #:	Civic/House #:
Street/Road:	City/Community (civic):

**Demographics - Contact Information** (circle *primary* daytime contact number for each contact)

	First Name	Last Name	Title/Relationship	Home Phone	Cell Phone	Business Phone
Mother						
Father						
Guardian*						
After School						
Early Closure						
Emergency1						
Emergency2						

(\* complete Guardian information if student is not living with one or both parents)

Other contact information school should be aware of:

<b>Custody</b> (if applicable) - check one: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Shared	<b>Lives With</b> - check one: <input type="checkbox"/> Parents Together <input type="checkbox"/> Parents Separately <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify):
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**Medical Information**

Does your child have a <b>life-threatening allergy</b> to certain foods, insect venom, medication or other material? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate the substance(s) to which your child is allergic:	Has a medical doctor recommended that your child have an emergency medical kit (EpiPen®) available for use at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Serious medical condition(s):	Information pertaining to serious medical condition(s):	

Other medical information school should be aware of:

**Other Information:**

Registering for French Immersion program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for French Language Rights under the <i>School Act</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does student identify as First Nations or Native? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, does student live on a reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does this student identify as Inuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this student identify as Métis? <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary Language Spoken at Home:	

**Citizenship:** (1) Is the student, or at least one parent, or legal guardian, a Canadian Citizen?  Yes /  No  
 (2) If No, is the student participating in a reciprocal student exchange program (e.g. Rotary, AF, ASSE)?  Yes /  No    If yes, indicate program sponsor: \_\_\_\_\_  
 (3) If No to both, check one of the following: (*Note to school - if not already done, refer to EAL Reception Centre*)  
 Parent, student, or legal guardian holds landed immigrant or refugee status; - when obtained: \_\_\_\_\_  
 Parent, student, or legal guardian holds an employment authorization (work permit) under the Canadian Immigration Act;  
 Parent, student, or legal guardian holds a student authorization (student visa) under the Canadian Immigration Act;  
 Parent is working temporarily in Canada in a job that is exempt from requiring a work permit (specify type of employment: \_\_\_\_\_); or  
 None of the above

Signature of Custodial Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Personal Information on this form is collected under Section 77 of the *School Act* R.S.P.E.I. 1988, Cap S-2.1 as it relates directly to and is necessary for providing services to students and will be used for purposes of school board operations and the administration of health services offered through public schools. If you have any questions about this collection of personal information, you may contact the FOIPP coordinator at the Eastern School District, 234 Shakespeare Drive, Stratford, PE (by mail: PO Box 8600, Charlottetown, PE C1A 8V7), Telephone: 902.368.6990.

School use only:  data entry completed - date: \_\_\_\_\_