

Eastern School District - **KINDERGARTEN AND GRADE 1 STUDENT REGISTRATION FORM**

Student being registered: ___ by phone ___ in person Date:

Registering for: ___ Kindergarten ___ Grade 1	Registering for Early French Immersion? (EFI schools only) ___ Yes ___ No
Siblings in this school:	Siblings in other schools:

Note: Personal information and French Immersion registration will be confirmed with parents and updated on our records before schools starts in September 2010.

Student Master - Identification

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

Regular Transportation: ___ Bus ___ Walk ___ Other (specify):

Alternate (shared custody) Transportation: ___ Bus ___ Walk ___ Other (specify):

Demographics - Home Address Information - Civic + Mailing

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):

Demographics - Alternate Home Address Information - (shared custody) - Civic + Mailing

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):

Demographics - Address Information - After School Destination (if different from home) - Civic

Name:	Relationship:
Apt. #:	Civic/House #:
Street/Road:	City/Community (civic):

Demographics - Address Information - Early Closure Destination (if different from usual after-school destination) - Civic *This would be used when school is closed early as a result of bad weather, water or heat problems in the school, etc.*

Name:	Relationship:
Apt. #:	Civic/House #:
Street/Road:	City/Community (civic):

Demographics - Contact Information (circle <i>primary</i> 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:

Does child currently weigh 40 pounds (18 kilograms) or less? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Custody (if applicable) - <i>check one</i> : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Shared	Lives With - <i>check one</i> : <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):	
Medical Information		
Does your child have a life-threatening allergy 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:		
Eligible for French Language Rights under the School Act? <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? <input type="checkbox"/> Yes / <input type="checkbox"/> No (2) If No, check one of the following: (<i>Note to school - if not already done, refer to EAL Reception Centre</i>) <input type="checkbox"/> Parent, student, or <u>legal</u> guardian holds landed immigrant or refugee status; - when obtained: _____ <input type="checkbox"/> Parent, student, or <u>legal</u> guardian holds an employment authorization (work permit) under the Canadian Immigration Act; <input type="checkbox"/> Parent, student, or <u>legal</u> guardian holds a student authorization (student visa) under the Canadian Immigration Act; <input type="checkbox"/> Parent is working temporarily in Canada in a job that is exempt from requiring a work permit (specify type of employment: _____); or <input type="checkbox"/> None of the above		

* Proof of age is required before the child begins school.

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: (1) Proof of age provided / (2) data entry completed - date: _____