



WESTERN SCHOOL BOARD STUDENT REGISTRATION FORM

(Revised November 2, 2011)

Date: _____

Registration for: Kindergarten Grade One Grade _____	English French Immersion	Previously registered for school in P.E.I.? Yes No
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Siblings in this school:	Siblings in other schools:
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Note: Personal Information and French Immersion registration will be confirmed with parents and updated on our records before schools start in September.

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
Previous School:	Elementary Zone (name elementary school normally attended by students in your community)

Regular Transportation: Bus Walk Other (Specify):
Does your child require any special transportation, i.e., wheel chair? Yes No

AM Bus(es): _____ / _____ / _____	PM Bus(es): _____ / _____ / _____
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Alternate (shared custody) Transportation: Bus Walk Other (Specify):
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AM Bus(es): _____ / _____ / _____	PM Bus(es): _____ / _____ / _____
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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

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						
Emergency 1						
Emergency 2						

**Complete Guardian information if student is not living with one or both parents*

Other Contact Information school should be aware of:

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Will child weigh at least 40 lbs (18 kg) by the start of the school year? Yes No		
Custody (if applicable) – check one: Father Mother Legal Guardian Shared		Lives with – check one: Parents Together Parents Separately Father Mother Legal Guardian Other (Specify):
Medical Information		
Does your child have a life-threatening allergy to certain foods, insect venom, medication or other material?	Yes 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? Yes No
Serious medical condition(s):	Information pertaining to serious medical condition(s):	
Other medical information school should be aware of, i.e., autism, vision impairment, etc:		
Other Information:		
Registering for French Immersion Program?: Yes No	Eligible for French Language Rights under the School Act? Yes No	
Does student identify as First Nations or Native? Yes No	If yes, does the student live on a reserve? Yes No	
Does this student identify as Inuit? Yes No	Does this student identify as Métis? Yes 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, check one of the following*: Parent, student, or <u>legal</u> guardian holds landed immigrant or refugee status; - when obtained; Parent, student, or <u>legal</u> guardian holds and employment authorization (work permit) under the Canadian Immigration Act; Parent, student, or <u>legal guardian</u> hold 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.		
<i>*Note to school – if not already done, refer to EAL Reception Centre</i>		

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 Western School Board, 272 MacEwen Road, Summerside, PE C1N 2P7, Telephone: 902-888-8400.

PERMISSION FOR MEDIA PHOTOS: In accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*, any identifying picture or story involving your child may only be published with your consent. To that end, you are requested to complete and sign the following permission.

<p>I Consent</p> <p>I do not Consent</p>
<p>To have my child being photographed or videotaped, and his or her name, image and/or school work used in media coverage of school related events, in school or board publications, or on the school or board website.</p>
<p>Signature of Custodial Parent(s) or Legal Guardian: _____ Date: _____</p>

Board Office Use
Verification of school zone _____ School Name _____ Signature _____