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|---|
| Date of Enrolment (month/day/year): |
| School Attended Last Year (if different): |

PROGRAM INFORMATION* - Choose **one** of the following

| | |
|--|--|
| <input type="checkbox"/> Pre-primary | <input type="checkbox"/> Integrated French (begins in Grade 7) |
| <input type="checkbox"/> English Program | <input type="checkbox"/> English O ₂ (begins in Grade 10) |
| <input type="checkbox"/> Early French Immersion (begins in Elementary) | <input type="checkbox"/> French Immersion O ₂ (begins in Grade 10) |
| <input type="checkbox"/> Late French Immersion (begins in Grade 7) | <input type="checkbox"/> Integrated French O ₂ (begins in Grade 10) |

*Note: Contact school administration for assistance completing this section, if needed.

STUDENT INFORMATION

| | | |
|--|--|---------|
| LEGAL NAME - Must match birth certificate, passport, immigration papers, legal name change certificate, or adoption documents | | |
| Last: | First: | Middle: |
| Preferred first name (the name by which your child will be addressed, and that will appear on school documents): | | |
| Date of birth: month _____ day _____ year _____ | Proof of identity (must be presented to office): <input type="checkbox"/> Adoption documents <input type="checkbox"/> Birth certificate <input type="checkbox"/> Immigration papers <input type="checkbox"/> Passport | |
| Gender: <input type="checkbox"/> F (Female) <input type="checkbox"/> M (Male) <input type="checkbox"/> X (Non-binary or another gender identity) | | |
| Student number (completed by office): | Grade level: | |
| Civic address (Number/apartment, street, community/city/town, province & postal code): | | |
| Mailing address (if different from civic address) (Number/apt, street, community/city/town, province & postal code): | | |
| Home phone: | Student's cell phone: | |
| Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French | Language most often spoken in the home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Gaelic <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Other, please specify _____ | |

TECHNOLOGY

| | | |
|---|--|---|
| Does the student have access to internet in the home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the internet access in the home high speed internet? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the student have access to an internet connected device? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type of internet connected device (select all that apply): | <input type="checkbox"/> Phone or Tablet | <input type="checkbox"/> Desktop or Laptop <input type="checkbox"/> Other |

CUSTODY ARRANGEMENTS – MUST BE COMPLETED ANNUALLY; appropriate legal documentation shall be provided

| | | |
|--|------------------------------|-----------------------------|
| Are special custody arrangements requested for this student at school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Description/details (include any special instructions): | | |

PARENT / GUARDIAN INFORMATION

| PARENT/GUARDIAN 1 | PARENT/GUARDIAN 2 |
|--|--|
| Name (Last, First): | Name (Last, First): |
| Relationship: | Relationship: |
| Civic Address - Complete this section only if different from student's address | |
| Civic address (Number/apt, street, community/city/town, province & postal code): | Civic address (Number/apt, street, community/city/town, province & postal code): |
| Home phone: | Home phone: |
| Work phone: | Work phone: |
| Cell phone: | Cell phone: |
| Email address: | Email address: |
| Language comprehension: <input type="checkbox"/> English <input type="checkbox"/> French | Language comprehension: <input type="checkbox"/> English <input type="checkbox"/> French |
| Language most often spoken in the home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Gaelic <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Other, please specify _____ | Language most often spoken in the home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Gaelic <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Other, please specify _____ |

ADDITIONAL EMERGENCY CONTACT(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: <input type="checkbox"/> English <input type="checkbox"/> French | Language comprehension: <input type="checkbox"/> English <input type="checkbox"/> French | Language comprehension: <input type="checkbox"/> English <input type="checkbox"/> French |
| Language most often spoken in the home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Gaelic <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Other, please specify _____ | Language most often spoken in the home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Gaelic <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Other, please specify _____ | Language most often spoken in the home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Gaelic <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Other, please specify _____ |

MEDICAL INFORMATION - MUST BE COMPLETED ANNUALLY

| | | | |
|---|-----------------|--|---------------------------------------|
| Doctor's name: | Doctor's phone: | Health Card number: | Health Card expiry date (mm/dd/yyyy): |
| MedicAlert No. (if applicable): | | | |
| <u>Health Care Needs/Medical Diagnosis(es)</u> | | | |
| <p>If YES*, please check one or more of the following: Please Note: Checking any of the below requires further program-planning meetings and/or documentation (e.g. Health Plan of Care; Administration of Medical Forms; etc.)</p> | | | |
| <input type="checkbox"/> Anaphylaxis/Life Threatening Allergy(ies) | | <input type="checkbox"/> Catheterization | |
| <input type="checkbox"/> Asthma | | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Seizures | | <input type="checkbox"/> Tube Feeding | |
| <input type="checkbox"/> Administration of prescribed medication is required during the school day. | | | |
| <input type="checkbox"/> Diagnosed Mental Illness | | | |
| <input type="checkbox"/> Other (please specify): _____ _____ | | | |

SIBLINGS

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]

| | |
|---|---|
| Special Needs Transportation required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> School Bus <input type="checkbox"/> Public Bus Pass <input type="checkbox"/> Walk | |
| AM Bus Route: | PM Bus Route: |
| AM Stop Location: | PM Stop Location: |
| AM Bus Driver: | PM Bus Driver: |
| Eligibility: <input type="checkbox"/> Eligible <input type="checkbox"/> Administration Permission <input type="checkbox"/> Not | Bus Type: <input type="checkbox"/> School Bus <input type="checkbox"/> 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.

| | |
|---|---|
| <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both | |
| 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

Please select one of the following (documentation to verify status in Canada and proof of medical insurance to be provided at time of registration):

| | |
|---|--|
| <p>Nova Scotia International Student Program (NSISP) Participant:</p> <input type="checkbox"/> short term (less than 3 months) <input type="checkbox"/> 3 months or more | |
| <p>Fee-paying Student (who is not part of the NSISP or an approved exchange program):</p> <input type="checkbox"/> has a study permit valid until month _____ day _____ year _____ <input type="checkbox"/> is studying for less than 6 months without a study permit | |
| <input type="checkbox"/> Exchange student (is participating in an exchange through an approved student exchange program) | |
| <input type="checkbox"/> Permanent resident | |
| <p>Dependant of a temporary resident</p> <input type="checkbox"/> parent has a work permit until month _____ day _____ year _____ <input type="checkbox"/> parent has a study permit until month _____ day _____ year _____ | |
| <input type="checkbox"/> Refugee claimant | |
| Citizenship: | Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No |

SELF-IDENTIFICATION - Completion of this section is voluntary

Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the Department of Education and Early Childhood Development, Regional Centres for Education and CSAP 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.

INDIGENOUS - For the purpose of this form, Indigenous persons are those who consider themselves to be Mi'kmaw/other First Nations, Métis, or Inuit.

YES, student is of Indigenous ancestry **NO**, student is not of Indigenous ancestry

If **YES**, to which group do you belong?

Mi'kmaw/other First Nation Métis Inuit

ANCESTRY

Please indicate the ancestry with which the student most identifies. Select all that apply.

Acadian descent African descent (Black) Asian descent East Asian descent
 European descent Middle Eastern descent Not listed (NL) above, (please specify) _____

FRENCH FIRST LANGUAGE EDUCATION ELIGIBILITY - Completion of this section is voluntary

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. Clause 3(l)(h) of the Act defines “entitled parent” as follows:

An *entitled parent* means a parent who is a citizen of Canada and

- i. whose first language learned and still understood is French, or
- ii. who received his or her primary school instruction in Canada in a French-first-language program, or
- iii. 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 902-471-0082, 902-769-5458, 1-888-533-2727, info@csap.ca, or visit the CSAP website at www.csap.ca.

I/we certify that all of the information on this registration form is correct.

X _____

Parent/Guardian Signature

Date