



ST. ANDREWS CONSOLIDATED SCHOOL

St. Andrews, NS B0H 1X0

Phone: 902-863-2512 Fax: 902-863-6840

Date of Enrolment (Month/Day/Year):
School Attended Last Year (if different):

PROGRAM INFORMATION* [Choose one of the following]

<input type="checkbox"/> English Program	<input type="checkbox"/> English Program with Intensive French (Begins in Grade 7)
<input type="checkbox"/> Early French Immersion (Begins in Primary)	<input type="checkbox"/> Late French Immersion (Begins in Grade 7)
<input type="checkbox"/> Integrated French	

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

STUDENT INFORMATION

LEGAL NAME (as listed on birth certificate, passport or immigration papers)	
Last:	First: Middle:
Preferred:	
Date of Birth: Month _____ Day _____ Year _____	Proof for Date of Birth (must be presented to Office): <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade:
PSM # (Completed by Office):	Out of Area? (Completed by Office): <input type="checkbox"/> Yes <input type="checkbox"/> No
Civic Address (Street, Apt):	City/Town, Province & Postal Code:
Mailing Address (Street, Apt)(if different from civic address):	Mailing Address - City/Town, Province & Postal Code:
Home Phone:	Student's Cell Phone:

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name (First/Last):	Name (First/Last):
Relationship:	Relationship:
Civic Address (if different from student):	
Civic Address (Street, Apt):	Civic Address (Street, Apt):
City/Town, Province & Postal Code:	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"/> Mi'kmaw <input type="checkbox"/> Gaelic <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"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____

CUSTODY ARRANGEMENTS [Appropriate documentation should be provided; Complete annually]

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

EMERGENCY CONTACT(S) [Other than Parent(s)/Guardian(s)]

Contact 1	Contact 2	Contact 3
Name (First/Last):	Name (First/Last):	Name (First/Last):
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"/> Mi'kmaw <input type="checkbox"/> Gaelic <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"/> Mi'kmaw <input type="checkbox"/> Gaelic <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"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____

MEDICAL INFORMATION

Does your child have any potentially, life-threatening medical conditions? Yes No

If **YES***, please check one or more of the following:

<input type="checkbox"/> Allergies (Severe Allergic Reaction)	<input type="checkbox"/> Anxiety/Depression
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Flight Risk (due to diagnosed medical condition)	
<input type="checkbox"/> Other potential, life-threatening medical condition, please specify: _____	

**Note: Please contact a school official to complete an Individual Health/Emergency Care Plan.*

Please specify any medications as well as medical response and instructions that may be necessary:

Provincial Health Card No.:	Health Card Expiry Date (mm/dd/yyyy):	Doctor's Name:	Doctor's Phone:
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Does your child have special needs which may require individual programming? Yes No

If **YES**, please specify:

If your child requires medical attention and a school official is unable to contact parent(s)/guardian(s), emergency contact(s) or family physician, I/we give consent to have a school official take my/our child to the nearest medical facility.

X _____ Parent/Guardian Signature

SELF-IDENTIFICATION [Completion of this section is voluntary and confidential.]

Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the Department of Education and School Boards 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.

ABORIGINAL IDENTITY

For the purpose of this form, Aboriginal Peoples are persons who consider themselves to be First Nations, Métis or Inuit.

Is this student considered to be an Aboriginal person? Yes No

If **YES**, please check the group that best applies:

<input type="checkbox"/> Status On-Reserve	<input type="checkbox"/> Status Off-Reserve	<input type="checkbox"/> Inuit, please specify community _____
<input type="checkbox"/> Non-Status On-Reserve	<input type="checkbox"/> Non-Status Off-Reserve	<input type="checkbox"/> Métis, please specify community _____

First Nation (Band) please identify:

<input type="checkbox"/> Acadia	<input type="checkbox"/> Annapolis Valley	<input type="checkbox"/> Bear River	<input type="checkbox"/> Eskasoni
<input type="checkbox"/> Glooscap	<input type="checkbox"/> Membertou	<input type="checkbox"/> Millbrook	<input type="checkbox"/> Paq'tnkek
<input type="checkbox"/> Pictou Landing	<input type="checkbox"/> Potlotek (Chapel Island)	<input type="checkbox"/> Shubenacadie (Indian Brook)	<input type="checkbox"/> Wagmatcook
<input type="checkbox"/> We'kaqma'q (Waycogbah)	<input type="checkbox"/> Non-Nova Scotia Band, please specify _____		

ANCESTRY

Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the Department of Education and School Boards to have a greater awareness of the diversity of the student population and the communities served and to better meet the needs of students.

This section refers to the ethnic or cultural origins of the student's ancestors from either/or both sides of the family. Ethnic or cultural ancestry should not be confused with nationality.

Please select from the following list:

- Acadian/Acadien* descent
 African descent
 Asian descent
 East Asian descent
 European descent
 Middle Eastern descent
 Other, please specify _____

***Note:** For those students entitled to attend a French school, contact a School Official to complete the necessary forms.

SIBLINGS

Please list all children in your family who attend school. If you require additional space, please attach a separate page.

Name (First/Last)	Grade	School

TRANSPORTATION [To be completed by Parents, if known or by the School Office]

Special Needs Transportation required? Yes No

School Bus
 Public Bus Pass
 Walk

Bus Route: _____
 AM Route: _____ PM Route: _____
 AM Stop Location: _____ PM Stop Location: _____
 Bus Driver: _____ Bus Driver: _____
 Eligibility: Eligible
 Administration Permission
 Not Eligible
 Bus Type: School Bus
 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.

AM
 PM
 Both

Street: _____ City, Province & Postal Code: _____

Contact Name (First/Last): _____ Contact Phone: _____

UNEXPECTED EARLY CLOSURE INSTRUCTIONS

In the event that school must close early, indicate alternative arrangements you want for your child.

INTERNATIONAL STUDENT INFORMATION

Country of Origin: _____

Please select **one** of the following choices:

Walk-in Student
 Parent has Employment Authorization
 Nova Scotia International Student Program (NSISP) Participant
 Parent has Student Authorization
 Exchange Student (HS Only)
 Parent is a Permanent Resident

Health Insurance: Yes No

AGENCY/SERVICES INVOLVEMENT

Other Services Received by the Student/Other Agencies Involved with the Student:	
<input type="checkbox"/> Early Intervention	<input type="checkbox"/> Pediatrician: _____
<input type="checkbox"/> Parenting Journey	<input type="checkbox"/> Child, Youth, and Family Services
<input type="checkbox"/> APSEA	<input type="checkbox"/> IWK: _____
<input type="checkbox"/> Nova Scotia Hearing and Speech – Speech/Language	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Nova Scotia Hearing and Speech – Audiology	<input type="checkbox"/> Other: _____

Please list any special needs or challenges for which the school may need to accommodate your child:

CONSENT FOR PUBLICATION OF STUDENT PERSONAL INFORMATION AND STUDENT WORK

We believe strongly in the need to protect all students and recognize the issues around the publication of students' personal information, especially on the public Internet. We also believe that showcasing students, student work, and achievements is an important part of school life and is a very positive experience for students. It is the policy of our school board to have the consent of the parent, guardian or consenting student (if student is 19 years of age or over) before the Department of Education, school board or school publishes any of the following personal information including:

- Student name
- Grade
- Course
- School
- Image (photo)
- Video recording
- Audio recording
- Student work

During the school year, photographs, video recordings, and voice recordings may be taken of students as part of curricular projects, to promote an event in your child's school, to showcase student achievement, or as part of a teacher professional learning project.

Your consent is requested by the school, school board and Department of Education to publish images (photos), video and voice recordings of the student, the student's name, or student work in various publications, including newsletters, news releases, yearbooks, and on web pages, or in digital products such as DVDs that may be viewed over networks such as the public Internet, or in public.

I understand that by signing this consent form that my child's school has asked my permission to include the personal information listed above for, my child or my child's work, in school, school board, or Department of Education publications, including, but not limited to:

- Newsletters
- News releases
- Yearbooks
- Web pages
- Publicly accessible Internet sites, or in electronic products such as DVDs
- Newspapers

When a **Grades Primary to Six Student Work** is published, only the *student's first name and surname initial*, grade, course, school, image of the student, video recording or voice recording may be published with the student work.

When a **Grades Seven to Twelve Student Work** is published, the *student's first name and surname*, grade course, school, image of the student, video recording or voice recording may be published with the student work.

In case of **awards or special recognition**, the full name of the Grade Primary to Twelve student, grade, course, and school may be published and may accompany the image, video, or voice recording of the award winning/specially recognized student work.

As parent/guardian/consenting student (if 19 years of age or over), I hereby give consent to approve the release of my child's personal information, as outlined above. Yes No

This will remain in effect for one year (twelve months) from the date of signature or until the parent / guardian / consenting student revokes this consent in writing.

X _____

Parent/Guardian/Consenting Student
Signature

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.

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 902-769-4572, 902-769-5458, 1-888-553-2727, or visit the CSAP website at www.csap.ednet.ns.ca.

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

X _____

Parent/Guardian Signature

Date