

STUDENT DATA FORM

Name of School Where Student is Registering:			
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Date of Registration:	MONTH	DAY	YEAR
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Student Information

Student's Legal Name:	Surname	First Name	Middle Name
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Any other name by which the student is commonly known/prefers:			
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Student's Date of Birth:	MONTH	DAY	YEAR
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Gender	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER _____
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Citizenship

Canadian Citizen:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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List Birth Country, IF NOT Canada:	
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First Language (if not English):	
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Does the family need assistance with interpretation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Arrival Date in Canada:	MONTH	DAY	YEAR
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Citizenship, IF NOT Canadian:	<input type="checkbox"/> Child of a Canadian Citizen <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> Child of a lawfully admitted permanent or temporary resident <input type="checkbox"/> Student Authorization – study permit
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Medical Information

MCP Number:	MCP Date of Expiry:
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Student has allergies requiring epi-pen administration:	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please identify any medical conditions or disability which may affect school attendance and participation in learning activities. (Please also note that additional forms must be completed if any medications need to be administered at school.)

Parent/Guardian Information

Parent 1 Parent 2 Legal Guardian Other (specify)

Parent 1 First Name: _____

Parent 1 Last Name: _____

Parent 2 First Name: _____

Parent 2 Last Name: _____

Student Lives with :

Both parents Parent 1 Parent 2 Legal Guardian
 Other (Specify) _____

Primary contact for school:

Both parents Parent 1 Parent 2 Legal Guardian
 Other (Specify) _____

Schools Act, 1997 (Definitions):

(l) "parent" mean (i) the father or mother of a child by birth, (ii) a person who has adopted a child under the Adoption of Children Act , (iii) a person having lawful custody of a child, and (iv) a person who has demonstrated a settled intention to treat a child as a child of his or her family, other than under an arrangement where the child is placed in a foster home for consideration by a person having lawful custody of the child;

Custody and access greement or court order exists:

YES NO NOT APPLICABLE

Community where Parent or guardian resides: _____

Mailing Address:

(including postal code): _____

Street Address:

(if different from above): _____

Phone Number (Home): _____

Phone Number (Work): _____

Phone Number (Cell): _____

Email Address: _____

Automated Message Contact Information:

(Schools regularly send automated messages regarding school closures, meetings, homework assignments, etc.)

How do you want to have automated messages sent to you?

Home phone number Work phone number Email address Cell phone number All

Emergency Contact (Please provide name and contact information for individuals we may contact in the case of an emergency, if the school cannot reach a parent or guardian):

1. NAME: _____

2. NAME: _____

Relationship to Student: _____

Relationship to Student: _____

Phone Number(s):

HOME: _____

Phone Number(s):

HOME: _____

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WORK: _____

WORK: _____

CELL: _____

CELL: _____

ADDRESS: _____

ADDRESS: _____

Registering for Program Placement:

English Early French Immersion
 Late French Immersion Inuktitut Immersion

Transportation Type

Walker Parent/other drop off School Bus Alternate Transportation

Bus Route Number (if applicable): _____

Siblings attending same school [If APPLICABLE]:

Name: _____

Grade: _____

Name: _____

Grade: _____

Name: _____

Grade: _____

(Previous) School Information

Name of Last School Attended:

Location of Last School

- Within Newfoundland and Labrador Other Province/Territory
 Outside Canada

School Address and Phone Number:

School Principal:

Last Grade Attended:

Reason for Leaving Last School:

School Withdrawal Date:

Has student received programming through Student Services?

YES NO

If yes, was individual plan developed? (e.g. Individual Education Plan: IEP/ISSP)

YES NO

Declaration

I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

Signature of Parent/Guardian/Independent Student

Date

The personal information requested on this form is collected under the authority of the *Schools Act, 1997*. This information will be used for the general purpose of establishing and/or maintaining a student record and administering educational programming and support services. This information will be treated in accordance with the privacy protection provisions of the *Access to Information and Protection of Privacy Act*. If you require further information on the collection and use of this information, contact the school principal or the ATIPP Coordinator at Atipp@nlschools.ca.

FOR OFFICE USE ONLY:

- Date of Birth Verified (e.g. birth certificate, passport)
- Residency/Address verified
- Immigration Status Verified
- Bus Route: _____
- Report card from previous school available
- Student record requested from previous school
- Custody and access arrangements confirmed (e.g. copy of excerpt from agreement/court order)