NLSchools

# STUDENT DATA FORM

| | | | |
|---|---|---|---|
| **Name of School Where Student is Registering:** | | | |
| **Date of Registration:** | MONTH | DAY | YEAR |

## Student Information

| | | | |
|---|---|---|---|
| **Student's Legal Name:** | **Surname** | **First Name** | **Middle Name** |
| **Any other name by which the student is commonly known/prefers:** | | | |
| **Student's Date of Birth:** | MONTH | DAY | YEAR |
| **Gender** | ☐ MALE ☐ FEMALE ☐ OTHER _____ | | |

## Citizenship

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

## Medical Information

| | |
|---|---|
| **MCP Number:** | **MCP Date of Expiry:** |
| **Student has allergies requiring epi-pen administration:** | ☐ YES ☐ NO |

**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<br>☐ Other (Specify) _____ |
| **Primary contact for school:** | ☐ Both parents ☐ Parent 1 ☐ Parent 2 ☐ Legal Guardian<br>☐ 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, otherthan 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: _____<br>Relationship to Student: _____<br>Phone Number(s):<br>HOME: _____<br>_<br>WORK: _____<br>CELL: _____<br>ADDRESS: | 2. NAME: _____<br>Relationship to Student: _____<br>Phone Number(s):<br>HOME: _____<br>WORK: _____<br>CELL: _____<br>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.**

***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)**