

## PUBLIC SCHOOLS BRANCH REGISTRATION FORM FOR NEW STUDENTS

**To the school: Before registering a new student, determine the answer to the following two questions:**

(1) Is a language other than English, French, or Mi'kmaq spoken in the home?

(2) Was this child born outside of Canada?

**IMPORTANT: If the response to either of these questions is YES, refer the registrant to the EAL/FAL Reception Centre. Staff will carry out the registration process and forward the completed registration form to the school.**

**Date of registration:**

**School:**

Registering for →	Grade:	<input type="checkbox"/> Regular Program	<input type="checkbox"/> French Immersion Program _____
Siblings →	In this school:	In other schools:	
Ever registered for school on PEI?	If yes, name of school and year attended:		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
School most recently attended, if different from above:			
Zone (name of elementary school normally attended by students in your community):			
Access to high speed internet at home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Access to a Computer/Chromebook/Tablet? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### ~ ~ ~ STUDENT'S PERSONAL INFORMATION ~ ~ ~

Legal Last/Family Name:		
Legal Given Name(s) ( <i>all</i> ):		
Common Last/Family Name ( <i>if different from legal</i> ):		
Common Name/Name to be used in class:		
Home Phone Number:		
Date of Birth <sup>(1)</sup> (yyyy/mm/dd):	Current Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undisclosed <input type="checkbox"/> Identify Another Way
Country of Birth: <input type="checkbox"/> Canada <input type="checkbox"/> Other ( <i>specify</i> ): _____		

### ~ ~ ~ TRANSPORTATION REQUIREMENTS TO/FROM SCHOOL ~ ~ ~

Regular transportation: <input type="checkbox"/> walk <input type="checkbox"/> bus <input type="checkbox"/> other ( <i>specify</i> ): _____
Alternate transportation: <input type="checkbox"/> walk <input type="checkbox"/> bus <input type="checkbox"/> other ( <i>specify</i> ): _____

### ~ ~ ~ SPECIAL NEEDS REQUIREMENTS ~ ~ ~

<input type="checkbox"/> For transportation (e.g., wheelchair) ( <i>specify</i> ):
<input type="checkbox"/> Other ( <i>specify</i> ):

### ~ ~ ~ LIVING ARRANGEMENTS, CUSTODY, AND CONTACT INFORMATION ~ ~ ~

<b>PRIMARY E-MAIL:</b>	Please provide <u>one</u> e-mail address (home, school, or work) that could be used to communicate with the home:
<b>Student LIVES WITH:</b>	<input type="checkbox"/> parents together <input type="checkbox"/> parents separately** <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> legal guardian <sup>(4)</sup> <input type="checkbox"/> custodian <sup>(5)</sup> <input type="checkbox"/> host family <sup>(6)</sup> <input type="checkbox"/> independently <input type="checkbox"/> other <sup>(7)</sup>

#### PRIMARY LIVING ARRANGEMENTS and Contact Information (used for bus routing, mailing, etc.)

Name(s): (i)		(ii)	
Relationship/Title: (i)		(ii)	
Primary Daytime Phone: (i)		(ii)	
PHONES → Home:	Cell: (i)	(ii)	Business: (i)
			(ii)
<b>Home Address Information – Civic + Mailing:</b> <sup>(2)</sup>			
Apt #:	House/Civic #:	Street/Road:	
PO Box/RR#:	City/Community ( <i>mailing</i> ):		Postal Code ( <i>mailing</i> ):
Civic Community:			Postal Code ( <i>civic</i> ):

#### \*\*ALTERNATE LIVING ARRANGEMENTS and contact information (shared parenting – different homes):

Name(s): (i)		(ii)	
Relationship/Title: (i)		(ii)	
Primary Daytime Phone: (i)		(ii)	
PHONES → Home:	Cell: (i)	(ii)	Business: (i)
			(ii)
<b>Alternate Home Address Information – Civic + Mailing</b>			
Apt #:	House/Civic #:	Street/Road:	
PO Box or RR#:	City/Community ( <i>mailing</i> ):		Postal Code ( <i>mailing</i> ):
Civic Community:			Postal Code ( <i>civic</i> ):

**LEGAL CUSTODY is held by:**  both parents (together)<sup>(3)</sup>  both parents (joint custody)<sup>(3)</sup>  mother only<sup>(3)</sup>  father only<sup>(3)</sup>  legal guardian<sup>(4)</sup>  custodian<sup>(5)</sup>

Please provide information relating to Parent, Legal Guardian or Custodian, *if different from living arrangements*:

Name/Address:		
Relationship/Title:		Primary Daytime Phone:
Home Phone:	Cell Phone:	Business Phone:

**NOTE**

- (1) Proof of age is required for students entering kindergarten.
- (2) Proof of residence may be requested.
- (3) "Custodial Parent" may refer to one or both parents, depending on custody arrangements or other family circumstances.
- (4) "Legal Guardian" means the person authorized by law, or appointed by an order of the Supreme Court of PEI granting the legal authority and duty, to care for the minor-aged student.
- (5) "Custodian" is someone who has been identified by the student's parent or Legal Guardian on a Standard Custodianship Declaration as the individual who is temporarily authorized to make day-to-day decisions about the student's welfare while the student is not living with his/her parent or Legal Guardian in PEI but is attending school here.
- (6) "Host Family" refers to a temporary living situation where a student from outside PEI lives with a local family that is neither the Custodian or Legal Guardian. The host family has no signing authority for the student.
- (7) "Other" would indicate a student is living with someone other than a legal guardian, custodian, host family, or parent (for example, a foster family or non-custodial relative).

<b>After-School Destination</b> <i>(if different from "home")</i> – Required for Grades K-6			
Name:			
Address (if applicable):			
Relationship/Title:		Primary Daytime Phone:	
Home Phone:	Cell Phone:	Business Phone:	

<b>Early Closure Destination</b> <i>(if different from after-school destination)</i> – Required for Grades K-6			
Name			
Address (if applicable)			
Relationship/Title:		Primary Daytime Phone:	
Home Phone:	Cell Phone:	Business Phone:	

<b>Emergency Contact (1) – Primary Emergency Contact</b>			
Name			
Relationship/Title:		Primary Daytime Phone:	
Home Phone:	Cell Phone:	Business Phone:	
Primary Language spoken by primary emergency contact:			

<b>Emergency Contact (2)</b>			
Name			
Relationship/Title:		Primary Daytime Phone:	
Home Phone:	Cell Phone:	Business Phone:	

Other contact information the school should be aware of:
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~ ~ ~ <b>MEDICAL INFORMATION</b> ~ ~ ~			
Does your child have a <u>life-threatening allergy</u> to certain foods, insect venom, medication or other material? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>If yes:</u>	(1) Please indicate the substance(s) to which your child is allergic:	(2) Has a medical doctor recommended that your child have an emergency medical kit (EpiPen <sup>®</sup> ) available for use at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Indicate any <u>serious medical condition(s)</u> :			
Details regarding serious medical condition(s):			
<u>Other medical conditions</u> or information the school should be aware of:			

~ ~ ~ <b>INDIGENOUS PERSONS (OPTIONAL)</b> ~ ~ ~			
Does the student identify as an Indigenous person; that is, First Nation, Métis, or Inuk (Inuit)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<u>If yes</u> , which best describes the student:	<input type="checkbox"/> First Nation – living on reserve	<input type="checkbox"/> Métis	
	<input type="checkbox"/> First Nation – living off reserve	<input type="checkbox"/> Inuk (Inuit)	

~ ~ ~ <b>HOME LANGUAGE</b> ~ ~ ~			
Language spoken <b>most frequently</b> at home: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaq <input type="checkbox"/> Other			

<b>+++ INFORMATION SPECIFIC TO STUDENTS BEING REGISTERED FOR KINDERGARTEN +++</b>			
Attending Pre-school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of pre-school:		
Previously registered for kindergarten at this or another school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of school:		
Has child received speech therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does child currently weigh less than 40 pounds (18 kilograms)? <input type="checkbox"/> Yes <input type="checkbox"/> No			

\_\_\_\_\_  
Signature of Legal Guardian, Custodial Parent, or Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of additional Custodial Parent  
- required when parents have a joint custody agreement

\_\_\_\_\_  
Date

Personal information on this form is collected under Section 58 of the *Education Act* P.S.P.E.I. 1988, Cap S-2.1, as it relates to the education authority's mandate to ensure that each school under its jurisdiction establish and maintain a record for each student enrolled at a school; and to provide access to the Minister and employees of the Department of Education, Early Childhood, and Culture. Personal information collected on this form will be used for the purposes of Public Schools Branch and Department operations, and administration of health and justice services offered through public schools. Information on this form that identifies a student may not be disclosed to any person or third party, unless the disclosure complies with Sections 58, 59, and 60 of the above-mentioned *Education Act*. If you have questions about this collection of information, you may contact the Public Schools Branch by telephone at 902.368.6990, 902.888.8400, or toll free at 1.800.280.7965.

School Use: <u>Proof of age provided</u> // _____ date entry completed –date: _____
Branch Office Use: Verification of school zone _____ // School name: _____ // Signature: _____