



## 2024-2025 Registration Form

### Student Information:

First Name: \_\_\_\_\_ A.S.N #: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Citizenship: Canadian Citizen

Legal Surname: \_\_\_\_\_ Residency Status: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Treaty No. #: \_\_\_\_\_

Birth Certificate No. #: \_\_\_\_\_ Band Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Grade : \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female

Name of previous school attended: \_\_\_\_\_

House Number: \_\_\_\_\_ Road Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/Box Town/City Postal Code

Legal Land Location: \_\_\_\_\_

<b>Student lives With</b>	Both Parents <input type="checkbox"/>	Mother Only <input type="checkbox"/>	Father Only <input type="checkbox"/>	Guardian <input type="checkbox"/>
<b>Mother</b>	Surname	Given Name	Mobile Number	
<b>Email</b>				
<b>Father</b>	Surname	Given Name	Mobile Number	
<b>Email</b>				
<b>Guardian</b>	Surname	Given Name	Mobile Number	
<b>Email</b>				

**Emergency Contacts: \*you must have at least one emergency contact listed in the event we cannot reach you**

1) \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is there a legal document in place which forbids an individual from having contact with this student?

Yes or No

*If answered yes, please provide documentation to the Principal or Administrative Staff. Verbal agreement is not permissible.*

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**Health Information**

Personal Health Number: \_\_\_\_\_ Medical Alert &/or Conditions: \_\_\_\_\_

Please explain: (allergies/medication/etc.): \_\_\_\_\_

On medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone No.#: \_\_\_\_\_

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**Bussing Information**

Bus Driver: \_\_\_\_\_ Bus No. \_\_\_\_\_ Route: \_\_\_\_\_

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**Extra-Curricular & FOIP**

\_\_\_\_\_ I/we hereby authorize my child to participate in day field trips. Excursions, and sports events.

\_\_\_\_\_ I/we consent to the disclosure of personal information by posting to the media CNES, TCEF Website, local paper, (group & team photographs, awards & scholarships, extra-curricular and/or school events), newsletter and other media form as identified by FOIP.

\_\_\_\_\_ I/we consent to holistic programming as determined by Special Needs Coordinator

\_\_\_\_\_ Network Guidelines – My/our child will abide by the school network guidelines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian