

CUSTODY INFORMATION

Please note: *By law, schools are required to provide, on request from non-custodial parents, information about a student's education, except when a court order prohibiting access of a parent to a child exists.*

If there is a current, valid court order prohibiting access to this child, the responsibility rests with the custodial parent to provide the school with a copy of this document. Please contact the school for the appropriate form.

***Name of non-custodial parent, if applicable:

WHAT DO WE DO WITH STUDENT RECORDS?

In order to support learning, the public education system keeps a variety of information about students. Some of this information is kept permanently. It provides a record should it ever be needed in the individual's lifetime. This information includes: legal name, address, attendance, marks, credits obtained, graduation status, transcript of marks, etc.

Other types of information are also needed to provide a variety of services and supports to students. This second type of information is kept only as long as it is relevant to the services provided. It can include: standardized assessments, student work samples, clinical findings, comments of teachers or other professionals, health information, current disciplinary letters/interventions, appeal records, copies of probation or custody orders, etc. Medicare numbers are used in emergency situations and to make sure students' information is properly identified and can be retrieved when it is needed.

Use of student information falls into three categories: to help educators and other professionals provide direct service to the student; for research and planning activities that improve education or improve services related to overall student development; and for administrative purposes.

If you have any questions regarding the use of personal information in the school system, please contact the Director of Education in your school district.

For further information on programs and services offered by School District 2, please telephone (506) 856-3222 or visit our web page at www.district2.nbed.nb.ca. We look forward to working with you and your child.

“School District 2 – Providing Quality Education”

Please notify the school of any changes occurring during the school year.

Signature: _____

Date: _____



STUDENT REGISTRATION FORM

(A student can only be registered at one school)

Please print:

STUDENT INFORMATION

Registration for _____ School

Student's Legal Name:

(Last Name) _____

(First Name) _____

(Middle Name) _____

(Mother's

Maiden Name) _____

(For School use only)

School Number: _____

Grade: _____

Homeroom: _____

Teacher: _____

Bus AM: _____

Bus PM: _____

½ Day Bus: _____

Medicare #: _____ Medicare Exp. Date _____

Birthdate: _____

Gender (M/F): _____

Home Phone #: _____ Cell Phone #: _____

Address: (Proof of address is required – Any one of: formal lease/ utility bill/ bank statement / credit card statement / property tax assessment bill)

House or 911 #: _____

Highway Route #: _____

Street Name: _____

Apartment #: _____

Subdivision: _____

City/Town: _____

Postal Code: _____

Previous School: _____

Program - check one:

English Prime

French Immersion (Grade 3 Entry)

Late Immersion (Grade 6 Entry)

Early Immersion - only available if currently enrolled

Language Spoken in the Home _____

Mother's first language learned _____

Father's first language learned _____

After School Information:

Does your child go home after school? Yes () No ()

If no, where does your child go?

Name: _____

Address: _____

Phone #: _____

The following information must be on file at the school.

_____ Immunization Records

_____ Medicare

_____ Birth Certificate

CONTACT INFORMATION

Child lives with: (check one)

() both parents () mother () father

() joint custody () guardian

other (specify) _____

Custodial Restrictions – Please provide legal documentation

Siblings:

Name

**Date of Birth
(M/D/Y)**

1.

2.

3.

4.

Mother / Guardian

Name: _____

Phone #: _____

Work Phone: (for emergencies only) _____

Cell Phone #: _____

Address: _____

Postal Code: _____

E-mail Address: _____

Father / Guardian

Name: _____

Phone : _____

Work Phone: (for emergencies only) _____

Cell Phone #: _____

Address: _____

Postal Code: _____

E-mail Address: _____

Other Contacts: please give two (2) names in the school community for emergency purposes during daytime hours: (when parent is not available)

Name: _____

Relation to Child: _____

Home Phone: _____

Cell Phone: _____

Name: _____

Relation to Child: _____

Home Phone: _____

Cell Phone: _____

MEDICAL INFORMATION

Does this child have any **life-threatening** condition (e.g. risk of anaphylactic shock)?

() NO () YES – please describe:

If **YES**, has a plan been developed with the school for managing this condition?

() YES () NO – please contact the school to make an appointment

Does this child require an EpiPen® ?

() NO () YES – if YES, please ensure that your child wears an EpiPen® (e.g. in a pouch around the waist and

a Medic Alert® bracelet at all times.



Junior (under 14 kilograms)

Regular/Adult (over 14 kilograms)

Does this child have any other medical concerns or allergies?

Doctor's Name: _____

Phone #: _____

Is your child on any medication? () yes () no

If yes, what medication(s) are being taken by your child?

Has your child ever received any of the following services?

Occupational Therapy

Headstart

Speech/Language Therapy

Early Childhood Stimulation

Physiotherapy

Other – Please specify - _____

IMPORTANT

For students entering Kindergarten or students entering Grade 1, who did not attend Kindergarten in the public system:

Did your child attend a 3 ½ year old clinic with Public Health?

() Yes; () No If not... Call 856-2401.

See over...