

STUDENT REGISTRATION FORM 2019 - 2020



SIKSIKA BOARD OF EDUCATION

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Website: www.siksikaboardofeducation.com

ON Nation
 OFF Nation
 New Registration
 Continuing Registration

School Requesting 2019-2020: _____ Grade: _____

School attended 2018-2019: _____ Grade: _____ (completed)

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Traditional Name:
Birthdate: (mm/dd/yyyy)	Gender: (Circle) Male / Female	Students cell #:
Band Name:	Band #:	Alberta Health Care #:
Area of residence:	Map #:	House #:
Bus Driver:	Any recent assessments: (Circle) Yes / No	Birth Certificate Attached: (Circle) Yes / No

PARENT/LEGAL GUARDIAN INFORMATION

Last Name:	First Name:
Mailing Address:	Home phone #:
Email Address:	Cell Phone #:
#1 Emergency Contact Name & #:	#2 Emergency Contact Name & #:

STUDENT MEDICAL INFORMATION

Family Doctor Name:	Doctor's #:
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List any medical concerns and assessments that the school or transportation should be aware of: (e.g. asthma, allergies, medication, illnesses, mobility issues, special needs, speech & language reports, challenging behaviors, etc.)

CUSTODY: (Fill below only if your applying to SBE Schools)

In rare instances a child may be designated as "Protected" if a court has issued a court order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, the Young Offenders Act, the Family Act, or is subject of a custody or access order:

Yes No Does a court order exist?

If "yes" please discuss this situation with the school administrator. Legal documentation will be required and will be kept on file.

NOTE: If NEW complete the following: Do you have a child already attending off the Nation?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate name:	What School:
<input type="checkbox"/> Report Card attached (Only new applicants need report Cards)	Date submitted:

PARENTAL/GUARDIAN CONSENT	
<i>Note: This information will be confidential and used for SBE administration purposes only.</i>	
Activity	Parent/Guardian Initials
Medical Consent: If there is an emergency I hereby give my consent for a doctor or other medical assistance to be called for my child.	
Attendance: Students will comply with the Siksika Board of Education policies, and may be required to meet with SBE Student Services Coordinator if attendance is below 80%.	
FOIP(Freedom of Information & Protection of Privacy Act): All student records that are in the custody of or under the control of the school are subject to the FOIP Act (Section 4/1). I hereby give permission to the Siksika Board of Education administration to have access to information regarding my child’s progress, PAT scores, and attendance and graduation records. This information will be kept confidential by SBE, and may be used for education purposes only.	
FOIP (Freedom of Information & Protection of Privacy Act): I hereby grant permission to Siksika Board of Education on behalf of my child to take photos and/or videos of classroom activities, record and tape my child’s work(s) and reproduce any of my child’s work(s) which are produced during the school year, for non-profit educational purposes. I understand the production(s) work(s) may be shown at education displays during board sponsored open houses, in-service sessions and other school related activities at school board sites or at school board sponsored displays in the community or used in a school publication. <i>NOTE: The District cannot control how the information may be distributed, including print, broadcasts, photographs, and the Internet (for example, websites, online video and social media).</i>	
Disclaimer: This registration form does not constitute automatic admission to any school (Provincial or reserve), as each school reserves the right to accept students, providing there is adequate student spaces in intended grades, and within the caps established by the Siksika Board of Education.	
Mandatory Fees: (Initial ONLY if registering off the Nation) I understand that Siksika Board of Education covers mandatory tuition fees for my child when I register them off of Siksika Nation. Any other fees such as: school supplies, extracurricular activity fees, school field trip costs, textbook and instrument rental or deposit, non-compulsory fees such as yearbooks, awards, school photos, will be covered by the parent/legal guardian of the child.	

By signing: I, being the parent/legal guardian of the student I am registering, have read and understand the information provided.

 Parent/Guardian Signature

 Date

 SBE Superintendent’s/Assistant Signature

 Date

Office Use Only:		Date Modified: Jan. 17, 2019		
Transfer Date:				
Transportation only: <i>This student lives within the established attendance area of the school for which they are applying.</i>	Map #:	House #:	Date:	Transportation Initials:
	Bus Driver:		Driver’s #:	
Additional Information:				