

[RETURNING STUDENTS] STUDENT REGISTRATION FORM

Name of School Where Student is Registering:									
Student Information									
Student's Lega	l Surname:	Studer	nt's Legal First Name:		ie:	Student's Legal Middle		Gender:	
						Name:		☐ Male ☐ Female	
Medical Inf	Medical Information								
MCP Number: (Student identification purposes) Student has allergies requiring epi-pen administration:								dministration:	
		□ YES □ NO							
Are there any medical conditions about which you wish to make the school aware?* *If a student has a medical condition or disability which can affect student attendance and participation in learning activities, it is the parent/guardian's responsibility to make the school aware of the condition.									
Parent/Gua	rdian Infor	matio	n						
1. ☐ Mother ☐ Father ☐ Legal Guard					2. [Mother	☐ Father ☐	Legal Guardian	
☐ Other (specify)						Other (s)	specify)		
□ Mr □ Ms □ Miss □ Mrs □ Dr □ Mr □ Ms □ Miss □ Mrs □ Dr								☐ Mrs ☐ Dr	
Last Name:					Last I	Name:			
First Name:					First	Name:			
Student Lives with:			th parents Mother Father Legal Guardian					rdian	
☐ Other (Specify)									
Primary contact for school: Both p			th parents E	h parents □ Mother □ Father □ Legal Guardian					
□ Oth			ner (Specify)						
Custody and access agreement or			☐ YES I	☐ YES ☐ NO ☐ NOT APPLICABLE					
court order exists:			Parent/Guardian #1				- 	!: #2 /:f !: - -	
Primary Contact Information: Mailing Address:			Parent/Guardian			raient/Guardian #		lian #2 (if applicable)	
(including postal code):									
Street Address:									
(if different from above): Phone Number (Home):									
Phone Number (Work):									
Phone Number (Cell):									
Email Address:									

(Schools regularly send automated messages regarding school closures, meetings, homework assignments, etc.) How do you want to have automated messages sent?					
\Box Home phone number \Box Work phone number \Box Email address \Box All					
Emergency Contact (Parent/guardian must provide name and contact information for at least one individual the school may contact in the case of an emergency, if the school cannot reach a parent/guardian).					
Name:	cc.geney,	y the sensor cannot rea	Name:		
Relationship to student:			Relationship to student:		
Home #:			Home #:		
Work #:			Work #:		
Cell #:			Cell #:		
Address:			Address:		
School Info					
Student Numb					
Current Citizer	nship (if NOT C	Canadian citizen)			
Registering for	· Program Plac	cement: 🔲 I	English	☐ French Imme	rsion
Transportation type: (NCSD will provide transportation in accordance with provincial and district student transportation policies.)					
☐ Walker ☐ Parent/other drop-off ☐ School bus ☐ Special transportation					
Bus Route(if applicable): 1 2 3 4 5 6					
Was student enrolled in a special program? ☐ 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 <i>Schools Act, 1997</i> . This information will be used to establish a student record; administer and evaluate educational programming and support services; allocate staff and other resources appropriately; and, to determine eligibility for funding. It may be used for contact purposes in the event of problems or emergencies, for statistical purposes and for other purposes that relate directly to, and are necessary for, operating a program or activity. This information will be treated in accordance with the privacy protection provisions of the <i>Access to Information and Protection of Privacy Act</i> and school district staff members are required by law to protect the personal information provided on this form. If you require further information on the collection and use of this information, contact the Senior Administrative Officer (Corporate) at the district head office: (709) 256-2547 or boardoffice@ncsd.ca.					
FOR OFFICE USE ONLY: ☐ Custody and access arrangements confirmed (e.g. copy of excerpt from agreement/court order) ☐ Bus Route: ☐ Bus #: ☐ Immigration Status Verified (if NOT Canadian Citizen)					

Consent					
I, being the parent/guardian of the student named: voluntarily give the Nova Central School Board of Education consent for the following:					
☐ YES ☐ NO	My child's work (e.g. artwork/creative media, project) to be displayed within the school, at community and public events and in competitions. The following are examples of how student work may be shown: • Displays at school district sites or school district-sponsored events • Displays at school-sponsored open houses • Professional development sessions and conferences • School or community publications (eg. local papers, school newsletter, reports) • Posting or publishing on school or Nova Central School District websites.				
☐ YES ☐ NO	My child's name to be released with respect to schol and other special recognition to the school district, g	<u> </u>			
☐ YES ☐ NO	My child's name to be included in the list of names, p distribution to coaches, supervisors, parent associat school newsletters.				
☐ YES ☐ NO	My child's photographs, name, grade, school and references to his/her work in various public forums as described and to use or reproduce likenesses of my child in any legal manner for the internal and external promotional and informational activities of the school and Nova Central School District. This information is to be used for general educational, non-profit purposes.*				
☐ YES ☐ NO	My child to be recorded by the media while he/she is participating in school-sponsored events.*				
Please be a	dvised that you may withdraw your consent time by writing to the school princ				
Signature of Parent,	'Guardian/Independent Student	Date			

*From time to time the school district receives requests from media representatives to come on to school property and report on, photograph and/or record an aspect of the school or its programs. Occasionally, we also invite media representatives to cover school events and activities. We also promote school activities and events by posting photographs and information in school and district newsletters, brochures, reports, advertisements, yearbooks and on our website(s). Schools in our district cooperate with the media and other organizations, within reason, to share information about schools and student achievements. Publicity is carefully considered before being permitted. However, we recognize that there are instances where parents may not wish their child to be recorded during educational activities. Once photographs, student names and other identifying information or student work are released in any public forum, Nova Central School District cannot control or prevent the further distribution or use of the material by those who access the information. Nova Central School District cannot prevent media outlets from photographing students or trying to interview them from points beyond our control, such as across the street from the school. If this is a concern, you may wish to discuss the matter with your child.

Please note that when public events such as Christmas concerts and sports tournaments are held [where spectators including parents, members of the media and other members of the general public may attend] anyone in attendance may take photographs or videotape the event without consent. Other than at events considered public, media representatives must obtain permission from the principal/vice-principal to interview or photograph students on school property.