Newfoundland & Labrador English School District

311A STUDENT DATA FORM

Name of School Where Student is Registering:			
Date of Registration:	MONTH	DAY	YEAR

Student Information

Student's Legal Name: Surname	**First Name**	**Middle Name**	
Any other name by which the student is commonly known/prefers:			
Student's Date of Birth:	MONTH	DAY	YEAR
Gender	☐ MALE	☐ FEMALE	

Citizenship

Canadian Citizen:	☐ YES ☐ NO	
List Birth Country, IF NOT Canada:		
First Language (if not English):		
Does the family need assistance with interpretation?	☐ YES ☐ NO	
Arrival Date in Canada:	MONTH	DAY / YEAR
Citizenship, IF NOT Canadian:	☐	Child of a Canadian Citizen
	☐	Permanent Resident/Landed Immigrant
	☐	Child of a lawfully admitted permanent or temporary resident
	☐	Student Authorization – study permit

Medical Information

MCP Number *(Student identification purposes)* ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	**MCP Date of Expiry:** MONTH DAY YEAR _____/_____/_____
Student has allergies requiring epi-pen administration:	☐ YES ☐ NO

Please identify any medical conditions or disability which may affect school attendance and participation in learning activities. *(Please also note that additional forms must be completed if any medications need to be administered at school.)*

NLESD Headquarters: Suite 601, 215 Water Street, St. John's, NL A1C 6C9
(709) 758-2372; (709) 758-2706 (fax)
www.nlesd.ca

Parent/Guardian Information

1. ☐ Parent 1 ☐ Parent 2 ☐ Legal Guardian ☐ Other *(specify)*

_____

Parent 1 First Name:	**Parent 1 Last Name:**
Parent 2 First Name:	**Parent 2 Last Name:**

Student Lives with :	☐ Both parents ☐ Parent 1 ☐ Parent 2 ☐ Legal Guardian ☐ Other *(Specify)* _____
Primary contact for school:	☐ Both parents ☐ Parent 1 ☐ Parent 2 ☐ Legal Guardian ☐ Other *(Specify)* _____

Schools Act, 1997 (Definitions):
(l) "parent" mean (i) the father or mother of a child by birth, (ii) a person who has adopted a child under the Adoption of Children Act , (iii) a person having lawful custody of a child, and (iv) a person who has demonstrated a settled intention to treat a child as a child of his or her family, other than under an arrangement where the child is placed in a foster home for consideration by a person having lawful custody of the child;

Custody and access agreement or court order exists:	☐ YES ☐ NO ☐ NOT APPLICABLE
Community where parent/guardian resides:	
Mailing Address: *(including postal code):*	
Street Address: *(if different from above):*	

Phone Number (Home):	**Phone Number (Work):**
Phone Number (Cell)*:*	**Email Address*:***

Automated Message Contact Information:
(Schools regularly send automated messages regarding school closures, meetings, homework assignments, etc.)
How do you want to have automated messages sent to you?

☐ Home phone number [redacted] ☐ Cell phone number [redacted]

Emergency Contact *(Please provide name and contact information for individuals we may contact in the case of an emergency, if the school cannot reach a parent/guardian):*

1. NAME: _____ Relationship to Student: _____ Phone Number(s): HOME: (_____)_____ WORK: (_____)_____ CELL: (_____)_____ ADDRESS:	2. NAME: _____ Relationship to Student: _____ Phone Number(s): HOME: (_____)_____ WORK: (_____)_____ CELL: (_____)_____ ADDRESS:

Registering for Program Placement: ☐ English ☐ Early French Immersion ☐ Late French Immersion ☐ Inuktitut Immersion

Transportation Type

☐ Walker ☐ Parent/other drop off ☐ School Bus ☐ Alternate Transportation
Bus Route Number (if applicable): _____

Siblings attending same school [If APPLICABLE]:
Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

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(Previous) School Information

Name of Last School Attended:

Location of Last School

☐ Within Newfoundland and Labrador ☐ Other Province/Territory

☐ Outside Canada

School Address and Phone Number:

School Principal:	**Last Grade Attended:**

Reason for Leaving Last School:

School Withdrawal Date:	**MONTH**	**DAY**	**YEAR**

Has student received programming through Student Support Services? ☐ 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 *Schools Act, 1997*. This information will be used for the general purpose of establishing and/or maintaining a student record and administering educational programming and support services. This information will be treated in accordance with the privacy protection provisions of the *Access to Information and Protection of Privacy Act*. If you require further information on the collection and use of this information, contact the school principal or the ATIPP Coordinator at ATIPP@nlesd.ca.

FOR OFFICE USE ONLY:

☐ **Date of Birth Verified (e.g. birth certificate, passport)**

☐ **Residency/Address verified**

☐ **Immigration Status Verified**

☐ **Bus Route: _____**

☐ **Report card from previous school available**

☐ **Student record/file requested from previous school**

☐ **Custody and access arrangements confirmed (e.g. copy of excerpt from agreement/court order)**

Updated: April 14, 2015

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