

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	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
Citizenship			
Canadian Citizen:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
List Birth Country, IF NOT Canada:			
First Language (if not English):			
Does the family need assistance with interpretation?	<input type="checkbox"/> YES <input type="checkbox"/> 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 <i>(Student identification purposes)</i>	MCP Date of Expiry:		
_____	MONTH	DAY	YEAR
Student has allergies requiring epi-pen administration:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Please identify any medical conditions or disability which may affect school attendance and participation in learning activities. <i>(Please also note that additional forms must be completed if any medications need to be administered at school.)</i>			

Parent/Guardian Information	
1. <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (specify) _____	
Parent 1 First Name:	Parent 1 Last Name:
Parent 2 First Name:	Parent 2 Last Name:
Student Lives with :	<input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____
Primary contact for school:	<input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____
<i>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;</i>	
Custody and access agreement or court order exists:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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? <input type="checkbox"/> Home phone number <input type="checkbox"/> Work phone number <input type="checkbox"/> Email address <input type="checkbox"/> Cell phone number <input type="checkbox"/> All	
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: <input type="checkbox"/> English <input type="checkbox"/> Early French Immersion <input type="checkbox"/> Late French Immersion <input type="checkbox"/> Inuktitut Immersion	
Transportation Type <input type="checkbox"/> Walker <input type="checkbox"/> Parent/other drop off <input type="checkbox"/> School Bus <input type="checkbox"/> Alternate Transportation Bus Route Number (if applicable): _____	
Siblings attending same school [If APPLICABLE]:	
Name: _____	Grade: _____
Name: _____	Grade: _____
Name: _____	Grade: _____

(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