

Enrollment Form

STUDENT

Enrollment Date _____ **Grade** _____

Legal Last Name _____ RR# / PO Box _____

Legal First Name _____ Apart - No. & Street _____

Middle Names _____ City _____ Prov _____ Postal Code _____

Usual Last, First Name _____ Mailing Address (if different from property address) _____

Gender Male Female Date of birth _____ RR# / PO Box _____
(DD-MONTH-YYYY)

Proof of age document _____ Apart - No. & Street _____

Home Phone _____ City _____ Prov _____ Postal Code _____

Previous School _____ District _____ City _____ Grade _____

LEGAL ALERT -

Legal custody document included Custody _____ Child lives with _____

Description _____

MEDICAL ALERT(S) - Please include all conditions, illness or any other important information

Doctor's name _____ Phone _____ Carecard _____

Description _____ Life threatening

Medication ? _____

Asthma Diabetes Epilepsy Heart condition _____

Allergies EpiPen List _____

OTHER ALERT(S) - Health, Family or Other Information

Description _____

Wears glasses Wears contact lenses Hearing Impairment Hearing Aid

STATUS -

Country / Prov of birth _____ Citizenship _____

Immigration Status _____ Expiration date of visa _____

LANGUAGE -

1st Language _____ Spoken at home _____ Most used _____

ABORIGINAL ANCESTRY -

Metis Inuit Off reserve On reserve Band name _____

AUTHORIZATIONS - I accept that information about my child (name, address, grade, telephone, pictures, audio and video recordings) be released, if necessary for the following school-related activities :

Permission to walk home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photographer (school pictures)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use the Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	School transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Field trips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parents association (PAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLINGS

Last Name, First _____	Relationship _____	Date de naissance _____
Last Name, First _____	Relationship _____	Date de naissance _____
Last Name, First _____	Relationship _____	Date de naissance _____
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PARENT / GUARDIAN INFORMATION

Last Name, First _____
 Relationship _____
 Male Female Parental Authority / Gardian
 Can pick up student Lives with student
 Can receive : Calls Emails Report card
 Can volunteer Access to school portal
 Call sequence _____ Home Ph. _____
 Cell _____
 Want to receive Info-Pionniers
 Work _____ Ext. _____

Property Address (if different from the child)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
Mailing Address (if different)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
 Other format _____
 Email _____
 Speak French Other languages _____

PARENT / GUARDIAN INFORMATION

Last Name, First _____
 Relationship _____
 Male Female Parental Authority / Gardian
 Can pick up student Lives with student
 Can receive : Calls Emails Report card
 Can volunteer Access to school portal
 Call Sequence _____ Home Ph : _____
 Cell _____
 Want to receive Info-Pionniers
 Work _____ Ext. _____

Property Address (if different from the child)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
Adresse postale (if different)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
 Other format _____
 Email _____
 Speak French Other languages _____

PARENT / GUARDIAN INFORMATION

Last Name, First _____
 Relationship _____
 Male Female Parental Authority / Gardian
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 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
Adresse postale (if different)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
 Other format _____
 Email _____
 Speak French Other languages _____

EMERGENCY CONTACTS INFORMATION (exclude parents / gardians)

1 - Last Name, First _____	Home Ph. _____	Work Ph. _____
Relationship _____	Cell Ph. _____	<input type="checkbox"/> Can pick up student
2 - Last Name, First _____	Home Ph. _____	Work Ph. _____
Relationship _____	Cell Ph. _____	<input type="checkbox"/> Can pick up student
3 - Last Name, First _____	Home Ph. _____	Work Ph. _____
Relationship _____	Cell Ph. _____	<input type="checkbox"/> Can pick up student
4 - Last Name, First _____	Home Ph. _____	Work Ph. _____
Relationship _____	Cell Ph. _____	<input type="checkbox"/> Can pick up student

Signature of parent _____ **Date** _____