

New Registration

(Circle) On Reserve / Off Reserve



Continuing Registration

(Circle) On Reserve / Off Reserve

**SIKSIKA BOARD OF EDUCATION
Box 1099, Siksika, Alberta T0J 3W0**

Phone: 403-734-4028 Fax: 403-734-2505 Toll free: 1-855-570-2685

STUDENT PRE-REGISTRATION FORM – 2016/17

School attended during 2015/16: _____

Grade Completed 2015/16: _____ Report Card attached: Y/N

School Requesting to attend 2016/17: _____

Please fill in the following information for your child:

STUDENT INFORMATION	
Last Name:	First Name:
Traditional name:	Birthdate: Gender: (Circle) Male / Female
Band & Status #:	Student ID #:
Area of residence:	Map & House #:
Transportation:	Bus Driver:
PARENT/LEGAL GUARDIAN INFORMATION	
Last Name:	First Name:
Mailing Address:	Home phone #:
Email Address:	Cell Phone #:
Emergency Contact name:	Emergency contact #:
STUDENT MEDICAL INFORMATION	
Family Doctor:	Doctor's Phone:
List any medical concerns that the school or Transportation should be aware of: (Eg. Asthma, Allergies, medication, illnesses, mobility issues, behavior problems, etc.)	

PARENTAL CONSENT	
Activity	Parent 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, attendance and graduation records. This information will be kept confidential by SBE, and may be used for education purposes only.	
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.	
This student lives within the established attendance area of the school for which they are applying.	

Note: This information will be confidential and used for SBE administration purposes only.

Parent/Guardian Signature: _____

Date: _____

SBE Assistant/Superintendent's Signature: _____

Date: _____

SBE Transportation Supervisor's Signature: _____

Date: _____