



KAINAI BOARD OF EDUCATION P.O. Box 240 Stand Off, Alberta T0L 1Y0

Phone: 403-737-3966 Fax: 403-737-2361

Treaty no. (required)

Student Registration 2022-2023 School Year

Today's Date YYYY / MM / DD

Registering for: KHS___ TMS___ SCS___ AES___ KAA___ Immersion___

Transportation - Bus Coop___Y Bus#___N___, KBE___ Leth___ Ft. Mclid___ Cardston___ Glenwood___ Other___

STUDENT DATA

Legal Name: _____ Birthdate: YYYY / MM / DD Sex: M___ F___

Last Name

First Name

Middle Name

Home Address

Mailing Address (Leave blank if same as Home Address)

Street, Apt / Suite

Street, Apt / Suite

City / Town

City / Town

Province / State

Zip / Postal Code

Province / State

Zip / Postal Code

If you reside *on reserve*, please provide Legal Land Description: 1/4 _____ Sec _____ T _____ R _____ W _____

Is Student off-reserve? Y___ N___

Exact location / description of residence: _____ Do you have access to internet? Y___ N___

Previous school attended _____ Previous grade attended _____ Suspended / Expelled? Y___ N___

FAMILY DATA

Father/Guardian Does this child reside with you? ☐ Yes ☐ No

Name _____

Address _____

City _____ Postal Code _____

Day Phone _____

Work Phone _____

Email _____

FAMILY DATA

Mother / Guardian Does this child reside with you? ☐ Yes ☐ No

Name _____

Address _____

City _____ Postal Code _____

Day Phone _____

Work Phone _____

Email _____

Is there a current custody agreement? ___YES ___NO If Yes, please provide information (**attach a copy of the court order**) _____

ALTERNATE RESIDENCE

List alternate residences, identify name & relationship (Kinship agreement)

EMERGENCY CONTACT INFORMATION

If parent(s) are not available, persons authorized to care for child in case of emergency. Please ensure that the person(s) are aware that their name has been used.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Address: _____

Address: _____

Day Phone: _____

Day Phone: _____

Work Phone: _____

Work Phone: _____

STUDENT MEDICAL INFORMATION

Family Doctor: _____ Clinic _____ Phone # _____

Alberta Health Care: _____

Does your child have a Medical/Health condition of which the school should be aware of? I.e. Allergies, reoccurring health concerns ☐ Yes ☐ No

If yes, please describe _____

Are there any vision, hearing, speech or language problems, or special diet? Y___ N___ Please explain: _____

Is your child's immunization up to date? ☐ Yes ☐ No ***Please Attach Copy**

In the event of an emergency when I am not available, I authorize the administration of any medical procedures deemed necessary by my doctor, or, by any other physician selected by the Designate of the school. I also authorize the school to provide or allow the provision of Health Care to my child, only upon written consent of the child's parent, or the Health Care provided is in the nature of FIRST AID/CPR.

Parent(s)/Guardian Signature _____

STUDENT SERVICES DATA

Does this child/student receive Special Education Programming/Special Services? i.e: Speech Language, Physical Therapy, Occupational Therapy, Counseling, etc.

☐ Yes ☐ No **If Yes, Please attach a copy of relevant documentation (Individual Program Plan (IPP), therapist reports, etc)**

List services you currently access: _____

KAINAI CHILD PROTECTION SERVICES DATA:

Is this child/student in care and do they have a case worker? ☐ Yes ☐ No Case worker name: _____

Case worker contact info (phone, email, work) _____

SIBLINGS (Name & Age)

_____ / _____ / _____

ABORIGINAL STATUS

- ☐ Status / First Nation
☐ Non-Status / First Nation
☐ Inuit

BAND NAME

- ☐ Blood
☐ Peigan
☐ Siksika
☐ Other _____

NON-FNMI

- ☐ Non-FNMI

For office use only:

A copy of the following was provided to the school:

_____ Canadian Birth Certificate

_____ Treaty ID Card

CONSENT FORM**AUDIO AND VIDEO RECORDING**

The use of audio and/or visual recording methods for diagnostic, therapeutic, or educational purposes occurs only with full knowledge of the purpose by the client and guardian, and with their written approval. The written approval will describe the intended use of the recording. Parents/Guardians will be contacted by the school for separate written consent in the following instances: audio and visual taken where the material will be used outside of the program, release of student names outside of the program, copyright for artwork or creative writing which will be reproduced for use outside the program, or used on the school website, and acceptable use of IT services and hardware. Names WILL NOT be published with any pictures

INITIAL _____

Name (print): _____ Signature: _____ Date: _____

Principal or Program Coordinator: _____ Signature: _____

I have read and understand the uses that will be made for the personal information as listed above, and I hereby certify that the information provided by me on the registration form is true, correct and complete to the best of my knowledge and belief.

Print Name

Signature

Date

FOR OFFICE USE ONLY

☐ Approved

☐ Waiting List

Date Received ____/____/____

Intake Date ____/____/____ Worker Initial _____

YYYY MM DD

YYYY MM DD