



**Services Information**

Is there a current custody agreement? Yes [ ] No [ ] If Yes, please **provide information** below and **attach a copy** of the court order

If Yes, please provide custody information \_\_\_\_\_

**Alternate Residence**

List alternate residencies, name(s), & relationship(s) (Kinship agreement)

\_\_\_\_\_

**Student Services Data**

Does this child/student receive Special Education Programming/Special Services? Yes [ ] No [ ]  
i.e. Speech Language, Physical Therapy, Occupational Therapy, Counseling, etc.

If Yes, please list services you currently access: \_\_\_\_\_

If Yes, please **attach a copy** of relevant information (Individual Program Plan (IPP), therapist reports, etc.)

**Kainai Child Protection Services Data**

Is this child/student in care and do they have a case worker? Yes [ ] No [ ]

If Yes, list the case worker's information:

Case worker name \_\_\_\_\_ Case worker work/location \_\_\_\_\_

Case worker phone \_\_\_\_\_ Case worker email \_\_\_\_\_

**Siblings**

List any siblings name and age:

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

**FNMI**

Student Aboriginal Status  Status / First Nation  Non-Status / First Nation  Inuit

Band Name  Blood  Peigan  Siksika  Other \_\_\_\_\_ FNMI  Yes  No

**Consent Form**

**PHOTO, VIDEO, AND AUDIO RECORDING**

Kainai Board of Education (KBE) may take photographs, videos, or audio recordings of students during school activities, events, athletics, and classroom learning experiences. These may be shared on KBE and school websites, official KBE social media platforms, newsletters, and other educational materials. Parents/Guardians will be contacted by the school for separate written consent in the following instances: when material will be used outside the program, when student names will be released outside the program, and when artwork or creative writing will be reproduced for use outside the program.

[ ] YES, I GIVE CONSENT

[ ] NO, I DO NOT GIVE CONSENT

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Principal or Program Coordinator \_\_\_\_\_ Signature \_\_\_\_\_

**Acknowledgement**

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.

Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**For Office Use Only**

Approved  Waiting List Date Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YYYY MM DD Intake Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YYYY MM DD Worker Initial \_\_\_\_\_