

Kainai Board of Education, P. O. Box 240, Stand Off, Alberta, T0L 1Y0 Student Registration Form - **2025-2026** School Year

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

Today's Date:	YYYY / MM / DD	
Grade Level:		
Treaty Number:	Full number required	

School Registration		
Saipoyi Issoitapi Tatsikiisaapo'p Kainai Hi	gh School Kainai Alternate Blackfoot Immersion	
Student Data		
Legal Name (Last First Middle)	Birthday YYYY / MM / DD Gender M [] F []	
Transportation		
Bus Number KBE Cardston Lethbrid	dge Fort Macleod Glenwood Other	
Home Address	Mailing Address (Leave blank if this is the same as Home Address)	
Street, Apt / Suite	Street, Apt / Suite	
City / Town	City / Town	
Province / State Zip / Postal Code	Province / State Zip / Postal Code	
Does the student live off-reserve? Y [] N [] If Yes, please provide off-reserve address Previous school attended		
Guardian Info Does this student reside with you? Y [] N []	Guardian Info Does this student reside with you? Y [] N []	
Relationship to student	Relationship to student	
Name	Name	
Day Phone	Day Phone	
Home Phone	Home Phone	
Email	Email	
Emergency Contacts Information		
If a parent or guardian is unavailable, list persons authorized to care for the that their name has been used.	e child in case of an emergency. Please ensure that the person(s) are aware	
Name	Name	
Relationship to student	Relationship to student	
Home Phone	Home Phone	
Work Phone	Work Phone	
Student Medical Information		
Physician Clinic	Phone	
Alberta Health Care #		
If the child has a health condition and/or recurring health concern of which	the school should be aware of (i.e. allergies), please provide information:	
If there any impairments to vision, hearing, speech, language problems, or	diet considerations, please provide information:	
Is your child's immunization up to date? Yes [] No [] If Yes , pl	ease attach a copy	
	inistration of any medical procedures deemed necessary by my doctor, or by e the school to provide or allow the provision of Health Care to my child, only the nature of First Aid/CPR	
Parent/guardian signature		

Services Information		
Is there a current custody agreement? Yes [] No [] If Yes, plea	ase 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		
	/ First Nation	
	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		
Principal or Program Coordinator	Signature	
Acknowledgement		
I have read and understand the uses that will be made for the personal in provided by me on the registration form is true, correct and complete to t		
Name Date	Signature	
For Office Use Only		
Approved Waiting List Date Received/	/ Intake Date// Worker Initial	