



Kainai Board of Education, P. O. Box 240, Stand Off, Alberta, T0L 1Y0
 Student Registration Form - 2024-2025 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 Aahsaopi Tatsikiisaapo'p Kainai High School Kainai Alternate Blackfoot Immersion

Student Data

Legal Name (Last First Middle) _____ Birthday YYYY / MM / DD Gender M [] F []

Transportation

Bus Number _____ KBE Cardston Lethbridge 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 [] Location/description of residence _____

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 child in case of an emergency. Please ensure that the person(s) are aware that their name has been used.

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**, please attach a 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/guardian signature _____

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 residences, 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

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.

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 _____/_____/_____ Intake Date _____/_____/_____ Worker Initial _____
YYYY MM DD YYYY MM DD