



# ANNUAL STUDENT REGISTRATION FORM

## Lloyd S. King Elementary School

### FULL LEGAL NAME

LAST NAME:	FIRST NAME:	MIDDLE NAME(S):
------------	-------------	-----------------

NAME COMMONLY USED: *if different from Legal First Name*	DATE OF BIRTH: dd/mm/yy	BAND NAME:	STATUS NUMBER (10 digits):
--	-------------------------	------------	----------------------------

### ADDRESS

<b>STUDENT LIVES WITH:</b> *CHECK ALL THAT APPLY* <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> GUARDIAN(S)	ADDRESS: _____ _____ _____	MAILING ADDRESS: (if different from left) _____ _____ _____
---	-------------------------------------	--

### MEDICAL

HEALTH CARD (optional) #	<b>MEDICAL INFORMATION:</b> (allergies, medications, restricted activities) _____ _____
FAMILY DOCTOR:	
DOCTOR PHONE #:	

**\*\*\* IF YOUR CHILD REQUIRES CRITICAL MEDICATION PLEASE SEND IT WITH THEM THE FIRST DAY OF SCHOOL \*\*\***  
(epi-pens, inhalers etc. must have a valid expiry date)

### PARENT/GUARDIAN CONTACT INFORMATION

<b>MOTHER:</b>	LIVES WITH STUDENT	<input type="checkbox"/> Y	<input type="checkbox"/> N	
HOME PHONE #:	CELL PHONE #:			
EMPLOYER & WORK PHONE #:				
HOME ADDRESS: (if does not live with student)				
E-MAIL:				

<b>FATHER:</b>	LIVES WITH STUDENT	<input type="checkbox"/> Y	<input type="checkbox"/> N	
HOME PHONE #:	CELL PHONE #:			
EMPLOYER & WORK PHONE #:				
HOME ADDRESS: (if does not live with student)				
E-MAIL:				

*\*Complete if student does not live with a parent.*

<b>GUARDIAN:</b>	LIVES WITH STUDENT	<input type="checkbox"/> Y	<input type="checkbox"/> N	
HOME PHONE #:	CELL PHONE #:			
EMPLOYER & WORK PHONE #:				
HOME ADDRESS: (if does not live with student)				
E-MAIL:				

<b>ANY OTHER IMPORTANT INFORMATION SCHOOL STAFF SHOULD BE AWARE OF:</b> <small>(Custody orders etc. Please provide copies of applicable court documents.)</small>
_____
_____
_____
_____

### ALTERNATE EMERGENCY CONTACTS

ALTERNATE CONTACT NAME #1:	RELATION:	PHONE #:	ALTERNATE CONTACT NAME #3:	RELATION:	PHONE #:
ALTERNATE CONTACT NAME #2:	RELATION:	PHONE #:	ALTERNATE CONTACT NAME #4:	RELATION:	PHONE #:

<b>PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:</b>
--

### SIBLINGS

SIBLINGS WHO ALSO ATTEND LLOYD S. KING (including this student) <b>OLDEST to YOUNGEST</b>
---

### TRANSFER STUDENT

STUDENT TRANSFERRING FROM ANOTHER SCHOOL? <input type="checkbox"/> Y <input type="checkbox"/> N	SCHOOL NAME AND ADDRESS:	LAST GRADE COMPLETED AT PREVIOUS SCHOOL:
---	--------------------------	--

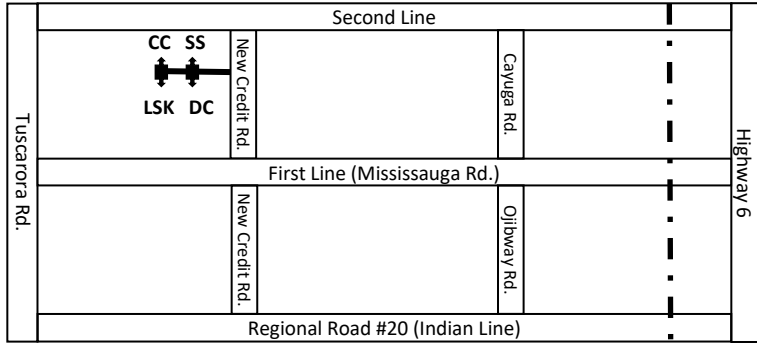
**TRANSPORTATION**

IS YOUR CHILD A BUS RIDER?     Y     N



Please indicate where your child resides with an "X" on the map below.

BLUE TAG#: \_\_\_\_\_  
ROAD NAME: \_\_\_\_\_



**LEGEND**  
**CC:** Community Centre  
**DC:** New Credit Daycare (Ekwaamjigenang)  
**LSK:** Lloyd S. King Elementary School  
**SS:** Social and Health Services  
 Railway Tracks

**\*\*\* PLEASE NOTE \*\*\***  
 For safety reasons, any changes to your child's daily bus routine must be given to the office by 2:00pm to be in effect.

**EARLY DISMISSAL SAFETY INSTRUCTIONS**

**EARLY DISMISSAL INSTRUCTIONS**

In case of emergency our automated telephone system will call your primary contact number. If school is unexpectedly closed (e.g. bad weather) your children will arrive home early and we will need to know that arrangements have been made for them to go home (or elsewhere) with supervision. Please discuss any arrangements with your child so they know what to expect, as well as with your Emergency Contact people.

**THIS IS FOR YOUR CHILD'S SAFETY. PLEASE PICK ONE OPTION ONLY.**

**IF EARLY DISMISSAL MY CHILD(REN) WILL...**

Go home on bus

Go to alternate address on bus (list below):  
\_\_\_\_\_

Stay at school until picked up by Parent/Authorized Person

**CONSENTS**

**CONSENT FOR PHOTO/VIDEO RELEASE**

On occasion photographs and videos are taken (i.e., special events, trips, sports etc.). Sometimes these photos/videos are used for school-related projects: class projects, newspaper, newsletter, website etc. Please check the appropriate box below.

Yes     No    I give consent for my child's photo/video to be used as described above.

**CONSENT FOR MENTAL HEALTH PROGRAM SUPPORT**

The School Mental Health Worker (SMHW) is present to provide support for students attending Lloyd S.King Elementary. The SMHW office is located across from the principal's office. Many students seek out the SMHW on their own, but they can also be referred by school administration/teachers.

Yes     No    I give consent for the SMHW to support my child's social-emotional learning in this way. The SMHW will notify me if support is given.

**KINDERGARTEN ONLY – CONSENT TO CONTACT CHILDREN'S CENTRE**

On occasion LSK Administration may need to contact Ekwaamjigenang Children's Centre for necessary information to support student programming.

Yes     No    I give consent for LSK Administration to contact Ekwaamjigenang Children's Centre for essential information.

**REGISTRATION**

**\*\*\*PLEASE NOTE: ALL 4 DOCUMENTS BELOW ARE REQUIRED BEFORE REGISTRATION CAN BE AUTHORIZED.\*\*\***  
 ■ Birth Certificate    ■ Status Card    ■ Health Card    ■ Record of up-to-date Immunization

By our signatures hereto, I agree that:

- I will adhere to the policies and procedures of Lloyd S. King Elementary School
- I will update any changes to contact information as soon as possible.
- I have read and understand the information presented on the Registration Form.
- I hereby certify that the information contained on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Received By