

**LLOYD S. KING ELEMENTARY SCHOOL
STUDENT REGISTRATION FORM
For the School Year 2014-2015**

FULL NAME: _____
Last Name First Name Middle Name(s)

NAME COMMONLY USED: _____ **HOME PHONE #:** _____

DATE OF BIRTH: _____ **BAND:** _____ **NUMBER (10 digit)** _____
dd/mm/yyyy

STUDENT LIVES WITH: MOTHER ___ FATHER ___ BOTH ___ GUARDIAN ___

Address: _____

Mailing address (if different than above): _____

HEALTH CARD NO: _____ **DR:** _____ **PHONE:** _____

MEDICAL INFORMATION: (allergies, medications, restricted activities)

Please provide a current copy of your child's immunization record

IF TRANSFERRING FROM ANOTHER SCHOOL:

School Name _____ **Grade:** _____

Address of School: _____

PARENTS CONTACT INFORMATION:

Mother: _____

Home phone: _____ **Cell:** _____

Email: _____

Home Address: _____

Employer: _____ **Phone:** _____

Father: _____

Home phone: _____ **Cell:** _____

Email: _____

Home Address: _____

Employer: _____ **Phone:** _____

If student does not live with a parent, please complete:

Guardian: _____

Email: _____

Home phone: _____ **Cell:** _____

Home Address: _____

ALTERNATE CONTACTS IN CASE OF EMERGENCY

NAME: _____

Relation: _____ **PHONE:** _____

NAME: _____

Relation: _____ **PHONE:** _____

NAME: _____

Relation: _____ **PHONE:** _____

NAME: _____

Relation: _____ **PHONE:** _____

Siblings OLDEST TO YOUNGEST including this child (who attend Lloyd S. King)

Persons Authorized to pick up your child from school:

Any other information that school personnel should be aware of? (Custody orders, etc. Please provide copies of any court orders, if applicable)

RESIDENCY REQUIREMENT FOR ENROLMENT

Eligibility to enroll at LSK Elementary School is determined by established funding criteria of the MNCFN funding agent. In order to be eligible to enroll, a student must meet MNCFN Residency By-Law requirements and must be a resident on the MNCFN Reserve. *(As per Council Motion No. 9, March 9, 2009)*

Residency By-Law Permit Number _____

CONSENT FOR PHOTO RELEASE

On occasion photographs are taken (ie. special events, trips, sports, etc.). Please check the box below if the school has consent to use your child’s photo for school related projects: class projects, newspaper, newsletter, website, etc.

Yes No

EARLY DISMISSAL INSTRUCTIONS FOR STAFF

In case of emergency, we have an automated telephone system that will call your primary contact number. When school is closed during the day (ie. in case of bad weather) your child (ren) will arrive home early. We need to know that they can get into the home and/or that there is someone there to supervise them, or we need to know if you have made other arrangements for your child(ren). Please discuss any arrangements with your child so that they know what to expect. Also discuss arrangements with your emergency contact person you have listed.

THIS IS FOR YOUR CHILD’S SAFETY, PLEASE INDICATE YOUR DESIRED OPTION.

PLEASE PICK ONLY ONE

- #1 _____ Send child(ren) home on bus
- #2 _____ Keep child at school until picked up by parent
- #3 _____ Send child to alternate address as provided: _____

Is your child a bus rider? Yes No

If yes, on the map below, please indicate where your child resides, with an “X”.

Blue Tag #: _____ Road Name: _____

Tuscarora Rd.	Second Line				Highway 6	
	SS LSK=== DC	New Credit Rd.		Cayuga Rd.		<i>Legend</i> SS: New Credit Social and Health Services Building DC: New Credit Daycare (Ekwamijigenang) LSK: Lloyd S. King Elementary School - - - - : Railway Track
	First Line (Mississauga Rd.)					
	New Credit Rd.		Ojibway Rd.			
Indian Townline (Reg. Rd. 20)						

By our signatures hereto, we agree that:

- We will adhere to the policies and procedures of Lloyd S. King Elementary.
- We understand that any changes to my child’s daily bus routine must be communicated to the office by 2:00 p.m.
- We hereby certify that the information contained on this form is true and accurate to the best of my knowledge. MNCFN Education Department reserves the right to verify residency.
- We will update any contact information that changes within the school year.

Date

Parent/guardian signature

Date

Parent/guardian signature

*****OFFICE USE ONLY*****

_____ birth certificate _____ record of up- to-date immunization
 _____ health card _____ status card