

STUDENT REGISTRATION FORM

School Year 2020-2021



FULL LEGAL NAME

LAST NAME:

FIRST NAME:

MIDDLE NAME(S):

NAME COMMONLY USED:

DATE OF BIRTH: dd/mm/yy

BAND:

NUMBER (10 digits):

ADDRESS

STUDENT LIVES WITH:

- MOTHER FATHER
 BOTH GUARDIAN

ADDRESS:

MAILING ADDRESS: (if different from left)

RESIDENCY BY-LAW PERMIT #:

RESIDENCY REQUIREMENT FOR ENROLMENT

Eligibility to enrol 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 be a resident on the MNCFN Reserve and meet MNCFN Residency By-Law requirements. (As per council Motion No.9, March 9, 2009). MNCFN reserves the right to verify residency.

MEDICAL

HEALTH CARD #:

FAMILY DOCTOR:

DOCTOR PHONE #:

MEDICAL INFORMATION: (allergies, medications, restricted activities)

***** IF YOUR CHILD REQUIRES CRITICAL MEDICATION PLEASE
 SEND IT WITH THEM THE FIRST DAY OF SCHOOL *****
(epi-pens, inhalers etc.)

PARENT/GUARDIAN CONTACT INFORMATION

MOTHER:		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:					

FATHER:		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.**

GUARDIAN:		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:					

**ANY OTHER IMPORTANT INFORMATION
 SCHOOL STAFF SHOULD BE AWARE OF:**

(Custody orders etc. Please provide copies of applicable court documents.)

ALTERNATE EMERGENCY CONTACTS

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

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

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:

SIBLINGS

SIBLINGS WHO ALSO ATTEND LLOYD S. KING (including this student) **OLDEST to YOUNGEST**

TRANSFER STUDENT

STUDENT TRANSFERRING FROM ANOTHER SCHOOL? Y N

IF YES →

SCHOOL NAME AND ADDRESS:

LAST GRADE COMPLETED AT PREVIOUS SCHOOL:

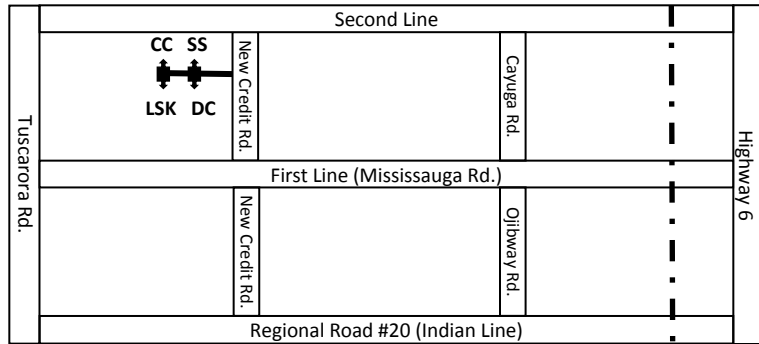
TRANSPORTATION

IS YOUR CHILD A BUS RIDER?
 Y N

IF YES →

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 ONLY ONE OPTION.

IF EARLY DISMISSAL MY CHILD(REN)...

- Go home on bus
- Go to alternate address on bus (listed 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