**STUDENT REGISTRATION FORM**

**School Year 2023-2024**

 **FULL LEGAL NAME**

 MIDDLE NAME(S):

 LAST NAME:

 FIRST NAME:

**STUDENT’S**

**PREFERRED PRONOUN:**

🞏 SHE/HER

🞏 HE/HIS

🞏 PREFER NOT TO SAY

 NAME COMMONLY USED:

 BAND:

 NUMBER (10 digits):

 DATE OF BIRTH: day/month/year

 MAILING ADDRESS: (if different from left)

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 ADDRESS:

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**STUDENT LIVES WITH:**

 🞏 MOTHER 🞏 FATHER

 🞏 BOTH 🞏 GUARDIAN

**ADDRESS**

 RESIDENCY BY-LAW PERMIT #:

***RESIDENCY REQUIREMENT FOR ENROLMENT***

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

**MEDICAL**

**CHILD HAS: Neither**  🞏

🞏 ASTHMA Triggers:

🞏 ALLERGY TO:

Critical Medication:

 HEALTH CARD #:

**OTHER MEDICAL INFORMATION:**

 (restricted activities, diagnosis, seizures, etc.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FAMILY DOCTOR:

 DOCTOR PHONE #:

*\*****SEND ALL CRITICAL MEDICATION WITH CHILD THE FIRST DAY OF SCHOOL\**** *(epi-pens, inhalers, etc.)*

**PARENT/GUARDIAN CONTACT INFORMATION**

 **LIVES WITH Y N**

 **STUDENT 🞏 🞏**

 **FATHER:**

 **MOTHER:**

 **LIVES WITH Y N**

 **STUDENT 🞏 🞏**

 HOME PHONE #:

 CELL PHONE #:

 EMPLOYER & WORK PHONE #:

 HOME ADDRESS: (if does not live with student)

 E-MAIL:

 HOME PHONE #:

 CELL PHONE #:

 EMPLOYER & WORK PHONE #:

 HOME ADDRESS: (if does not live with student)

 E-MAIL:

***\*Only complete if student does not live with a parent:***

 **GUARDIAN:**

 HOME PHONE #:

 CELL PHONE #:

 EMPLOYER & WORK PHONE #:

 **Relation:**

 E-MAIL:

**ANY OTHER IMPORTANT INFORMATION THAT**

 **SCHOOL STAFF SHOULD BE AWARE OF:**

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

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**ALTERNATE EMERGENCY CONTACTS**

 RELATION:

 ALTERNATE CONTACT NAME #1:

 PHONE #:

 PHONE #:

 RELATION:

 ALTERNATE CONTACT NAME #3:

 PHONE #:

 PHONE #:

 RELATION:

 ALTERNATE CONTACT NAME #4:

 ALTERNATE CONTACT NAME #2:

 RELATION:

 **PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:**

**SIBLINGS**

SIBLINGS WHO **CURRENTLY ATTEND** LLOYD S. KING **(OLDEST to YOUNGEST):**

**AUTHORIZED PERSONS**

**TRANSFER STUDENT**

LAST GRADE COMPLETED AT PREVIOUS SCHOOL:

 **STUDENT TRANSFERRING Y N**

 **FROM ANOTHER SCHOOL? 🞏 🞏**

 SCHOOL NAME & ADDRESS:

**TRANSPORTATION**

New Credit Rd.

Second Line

Regional Road #20 (Indian Line)

Tuscarora Rd.

Highway 6

First Line (Mississauga Rd.)

New Credit Rd.

Ojibway Rd.

Cayuga Rd.

 **IS YOUR CHILD Y N**

 **A BUS RIDER? 🞏 🞏**

**LEGEND**

 **CC:** Community Centre

 **ECC:** Ekwamijigenang

 Children’s Centre

 **LSK:** Lloyd S. King

 Elementary School

 **SS:** Social and Health

 Services

 Railway Tracks

 **CC SS**

 **LSK ECC**

 **BLUE TAG#:**

 **ROAD NAME:**

**Bus Riders**: Please indicate where your child resides with an “X” on the map

**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.

**IF EARLY DISMISSAL MY CHILD MUST:**

 🞏 Go home on the bus

 🞏 Go to alternate address on bus:

 🞏 Stay at school until picked up by a parent/authorized person (must be able to pick up child immediately)

**THIS IS FOR YOUR**

**CHILD’S SAFETY.**

**PLEASE PICK ONLY**

**ONE OPTION.**

**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 & MCFN projects: class projects, newspaper, website, MCFN’s social media, etc. Please check the appropriate boxes.

 🞏 Yes 🞏 No **I give consent for my child’s photo to be used for print publications** (i.e. class projects, school displays, newspapers, etc.)

 🞏 Yes 🞏 No **I give consent for my child’s photo/video to be used for digital publications** (i.e. MCFN/LSK website, social media, etc.)

**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** or **Maawdoo Maajaamin Child Care Centre** for information to support student programming.

🞏 Yes 🞏 No **I give consent for LSK to contact Ekwaamjigenang Children’s Centre or Maadoo Maajaamin Children’s Centre**

 **for essential information.**

**REGISTRATION**

**\*\*\* PLEASE NOTE: ALL 4 DOCUMENTS BELOW ARE REQUIRED BEFORE REGISTRATION CAN BE AUTHORIZED. \*\*\***

**◼** Birth Certificate **◼** Status Card **◼** Proof of Residence **◼** 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 & accurate to the best of my knowledge.***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Date Parent/Guardian Signature***

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Date Parent/Guardian Signature***