STUDENT REGISTRATION FORM

Lloyd S. King Elementary School

FULL LEGAL NAME

LAST NAME:	FIRST NAME:	MIDDLE NAME(S):	**STUDENT'S PREFERRED PRONOUN:** ☐ SHE/HER ☐ HE/HIS ☐ PREFER NOT TO SAY

NAME COMMONLY USED:	DATE OF BIRTH: day/month/year	BAND:	NUMBER (10 digits):

ADDRESS

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

ADDRESS:
_____
_____
_____

MAILING ADDRESS: (if different from left)
_____
_____
_____

MEDICAL

HEALTH CARD #:

FAMILY DOCTOR:

DOCTOR PHONE #:

CHILD HAS: **Neither** ☐
☐ ASTHMA Triggers: _____
☐ ALLERGY TO: _____
Critical Medication: _____

OTHER MEDICAL INFORMATION:
(restricted activities, diagnosis, seizures, etc.)
_____

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

PARENT/GUARDIAN CONTACT INFORMATION

MOTHER:	**LIVES WITH STUDENT** Y ☐ N ☐
HOME PHONE #:	CELL PHONE #:
EMPLOYER & WORK PHONE #:	
HOME ADDRESS: (if does not live with student)	
E-MAIL:	

FATHER:	**LIVES WITH STUDENT** Y ☐ N ☐
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:	**Relation:**
HOME PHONE #:	CELL PHONE #:
EMPLOYER & WORK PHONE #:	
E-MAIL:	

ANY OTHER IMPORTANT INFORMATION THAT 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 #3:	RELATION:	PHONE #:
ALTERNATE CONTACT NAME #2:	RELATION:	PHONE #:	ALTERNATE CONTACT NAME #4:	RELATION:	PHONE #:

PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:

SIBLINGS

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

TRANSFER STUDENT

STUDENT TRANSFERRING FROM ANOTHER SCHOOL? Y ☐ N ☐	SCHOOL NAME & ADDRESS:	LAST GRADE COMPLETED AT PREVIOUS SCHOOL:

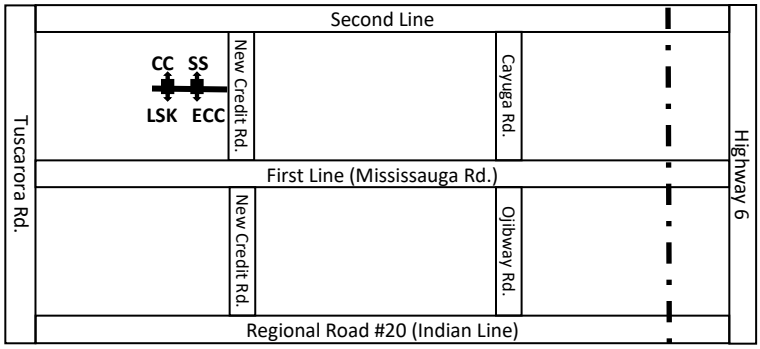
TRANSPORTATION

IS YOUR CHILD A BUS RIDER?	Y ☐	N ☐

BLUE TAG#:

ROAD NAME:

Bus Riders: Please indicate where your child resides with an "X" on the map



LEGEND
- **CC:** Community Centre
- **ECC:** Ekwamijigenang Children's Centre
- **LSK:** Lloyd S. King Elementary School
- **SS:** Social and Health Services
- Railway Tracks

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 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)

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.)

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***