PUBLIC SCHOOLS BRANCH **KINDERGARTEN** REGISTRATION FORM

To the school: Before registering a new student, determine the answer to the following two questions:
(1) Is a language other than English, French, or Mi'kmaq spoken in the home?
(2) Was this child born outside of Canada?
IMPORTANT: If the response to <u>either</u> of these questions is YES, refer the registrant to the EAL/FAL Reception Centre. Staff will carry out the registration process and forward the completed registration form to the school.

Date of registration: _____ **School:** _____

~ ~ ~ STUDENT'S PERSONAL INFORMATION ~ ~ ~		
Legal Last/Family Name:		
Legal Given Name(s) (***all***):		
<u>Common</u> Last/Family Name (*if different from legal*):		
<u>Common</u> Name/Name to be used in class:		
Home Phone Number:		
Date of Birth[1] (*yyyy/mm/dd*):	Current Age:	Gender: ☐ M ☐ F ☐ Undisclosed ☐ Identify Another Way
Country of Birth: ☐ Canada ☐ Other (*specify*): _____		

~ ~ ~ REGISTRATION INFORMATION ~ ~ ~		
Registering for → ☐ **Regular** Program ☐ **Early French Immersion** Program (EFI schools only)		
Siblings → In this school:	In other schools:	
Attending **Pre-school**? ☐ Yes ☐ No	If yes, name of pre-school:	
Previously registered for kindergarten at this or another school? ☐ Yes ☐ No	If yes, name of school:	
Zone (name of elementary school normally attended by students in your community):		
Has child received **speech therapy**? ☐ Yes ☐ No		
Does child currently **weigh less than 40 pounds** (18 kilograms)? ☐ Yes ☐ No		
Access to high speed internet at home? ☐ Yes ☐ No	Access to a Computer/Chromebook/Tablet? ☐ Yes ☐ No	

~ ~ ~ TRANSPORTATION REQUIREMENTS TO/FROM SCHOOL ~ ~ ~
Regular transportation: ☐ walk ☐ bus ☐ other (*specify*): _____
Alternate transportation: ☐ walk ☐ bus ☐ other (*specify*): _____

~ ~ ~ SPECIAL NEEDS REQUIREMENTS ~ ~ ~
☐ For transportation (e.g., wheelchair) (*specify*):
☐ Other (*specify*):

~ ~ ~ LIVING ARRANGEMENTS, CUSTODY, AND CONTACT INFORMATION ~ ~ ~	
Student LIVES WITH:	☐ parents together ☐ parents separately** ☐ mother ☐ father ☐ legal guardian[4] ☐ other[5] (*please specify*):

PRIMARY HOME ADDRESS[2] ☐ **Mailing is Same as Civic Address**					
Parent /Guardian - Name(s):					
CIVIC Apt #:	Civic #:		**MAILING** PO Box:	Apt #:	Civic #:
Street/Rd:			Street/Rd:		
Civic Community:			City:		
Postal Code:			Postal Code:		
****ALTERNATE HOME ADDRESS (shared parenting – different homes)** ☐ **Mailing is Same as Civic Address**					
Parent/Guardian – Name(s):					
CIVIC Apt #:	Civic #:		**MAILING** PO Box:	Apt #:	Civic #:
Street/Rd:			PO Box or RR:		
Civic Community:			Civic Community (civic):		
Postal Code:			Postal Code (civic):		

AFTER-SCHOOL DESTINATION (*if different from "home"*) – **Civic Address Information**	
Name:	Relationship:
Apt. #:	Civic/House #:
Street/Road:	Civic Community:
EARLY CLOSURE DESTINATION (*if different from after-school destination*) – **Civic Address Information**	
Name:	Relationship:
Apt. #:	Civic/House #:
Street/Road:	Civic Community:

LEGAL CUSTODY is held by:	☐ both parents (together) [3] ☐ both parents (joint custody) [3] ☐ mother only[3] ☐ father only[3] ☐ legal guardian[4]

~~ NOTE ~~		
	(1)	**Proof of age and legal name is required for students entering kindergarten.**
	(2)	**Proof of residence may be requested.**
	(3)	**"Custodial Parent" may refer to one or both parents, depending on custody arrangements or other family circumstances.**
	(4)	**"Legal Guardian" means the person authorized by law, or appointed by an order of the Supreme Court of PEI granting the legal authority and duty, to care for the minor-aged student.**

	(5) "Other" would indicate a student is living with someone other than a legal guardian or parent (for example, a foster family or non-custodial relative).

CONTACT INFORMATION – (please circle PRIMARY DAYTIME CONTACT NUMBER for each contact)

PRIMARY E-MAIL: One e-mail address (home, school, or work) that could be used to communicate with the home:

CONTACTS:	First Name	Last Name	Title/ Relationship:	Home Phone	Cell Phone	Business Phone
Mother						
Father						
Guardian						
(Complete Guardian information if student is not living with one or both parents.)						
After School						
Early Closure						
Emergency 1						
Emergency 2						

Other contact information the school should be aware of:

~ ~ ~ MEDICAL INFORMATION ~ ~ ~

Does your child have a life-threatening allergy to certain foods, insect venom, medication or other material? ☐ Yes ☐ No

If yes: (1) Please indicate the substance(s) to which your child is allergic:

(2) Has a medical doctor recommended that your child have an emergency medical kit (EpiPen©) available for use at school? ☐ Yes ☐ No

Indicate any serious medical condition(s):

Details regarding serious medical condition(s):

Other medical conditions or information the school should be aware of:

~ ~ ~ ABORIGINAL PERSONS (OPTIONAL) ~ ~ ~

Does the student identify as an Aboriginal person; that is, First Nation (North American Indian) – status or non-status, Métis, or Inuk (Inuit)? ☐ Yes ☐ No

If yes, which best describes the student:
☐ First Nation (North American Indian) – living on reserve
☐ First Nation (North American Indian) – living off reserve
☐ Métis
☐ Inuk (Inuit)

~ ~ ~ HOME LANGUAGE ~ ~ ~

Language spoken **most frequently** at home: ☐ English ☐ French ☐ Mi'kmaq ☐ Other

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Signature of Legal Guardian or Custodial Parent[4] _____ Date _____

_____ _____

Signature of additional Custodial Parent [4] _____ Date _____
- required when parents have a joint custody agreement

Personal information on this form is collected under Section 58 of the *Education Act* P.S.P.E.I. 1988, Cap S-2.1, as it relates to the education authority's mandate to ensure that each school under its jurisdiction establish and maintain a record for each student enrolled at a school; and to provide access to the Minister and employees of the Department of Education, Early Childhood, and Culture. Personal information collected on this form will be used for the purposes of Public Schools Branch and Department operations, and administration of health and justice services offered through public schools. Information on this form that identifies a student may not be disclosed to any person or third party, unless the disclosure complies with Sections 58, 59, and 60 of the above-mentioned *Education Act*. If you have questions about this collection of information, you may contact the Public Schools Branch by telephone at 902.368.6990, 902.888.8400, or toll free at 1.800.280.7965.

School Use: Proof of age and legal name provided ***Enter the document type in PowerSchool when entering Legal Name***	☐Birth Certificate ☐Passport ☐Other (please specify)
_____ *date entry completed –date:* _____	
Branch Office Use: Verification of school zone _____ *// School name:* _____ *// Signature:* _____	