



# Inverness Education Center Acadmey

Date of Enrolment (Month/Day/Year): \_\_\_\_\_  
 School Attended Last Year (if different): \_\_\_\_\_

**PROGRAM INFORMATION\* [Choose one of the following]**

<input type="checkbox"/> English Program	<input type="checkbox"/> English Program with Intensive French (Begins in Grade 6)
<input type="checkbox"/> Early French Immersion (Begins in Primary)	<input type="checkbox"/> Late French Immersion (Begins in Grade 7)
<input type="checkbox"/> Integrated French	<input type="checkbox"/> Senior High English O <sub>2</sub>
<input type="checkbox"/> Senior High Early French Immersion O <sub>2</sub>	<input type="checkbox"/> Senior High Late French Immersion O <sub>2</sub>
<input type="checkbox"/> Senior High Integrated French O <sub>2</sub>	

\*Note: Contact school administration for assistance completing this section, if needed.

**STUDENT INFORMATION**

**LEGAL NAME (as listed on birth certificate, passport, immigration papers, legal name change certificate, or adoption documents )**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Proof for Date of Birth (must be presented to Office):  
 Birth Certificate    Passport    Immigration Papers  
 Adoption Documents

Sex:    Female    Male   Grade: \_\_\_\_\_

PSM # (Completed by Office): \_\_\_\_\_ Out of Area? (Completed by Office):    Yes    No

Civic Address (Street, Apt): \_\_\_\_\_ Community or City/Town, Province & Postal Code: \_\_\_\_\_

Mailing Address (Street, Apt)(if different from civic address): \_\_\_\_\_ Mailing Address - Community or City/Town, Province & Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_

Language Comprehension:    English    French  
 Language Most Often Spoken in the Home:  
 Arabic    English    French    Mi'kmaw    Gaelic  
 Other, please specify \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
-------------------	-------------------

Name (Last, First): _____	Name (Last, First): _____
---------------------------	---------------------------

Relationship: _____	Relationship: _____
---------------------	---------------------

**Civic Address (if different from student):**

Civic Address (Street, Apt): _____	Civic Address (Street, Apt): _____
------------------------------------	------------------------------------

Community or City/Town, Province & Postal Code: _____	Community or City/Town, Province & Postal Code: _____
---	---

Home Phone: _____	Home Phone: _____
-------------------	-------------------

Work Phone: _____	Work Phone: _____
-------------------	-------------------

Cell Phone: _____	Cell Phone: _____
-------------------	-------------------

Email Address: _____	Email Address: _____
----------------------	----------------------

Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French
--	--

Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____
--	--

**CUSTODY ARRANGEMENTS [Complete annually; Appropriate documentation should be provided]**

Are special custody arrangements requested for this student at school?  Yes  No

Description/Details (including any special instructions):

**EMERGENCY CONTACT(S) [Other than Parent(s)/Guardian(s)]**

Contact 1	Contact 2	Contact 3
Name (Last, First):	Name (Last, First):	Name (Last, First):
Relationship:	Relationship:	Relationship:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French
Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____

**MEDICAL INFORMATION [Complete annually]**

Doctor's Name:	Doctor's Phone:	Provincial Health Card No.:	Health Card Expiry Date (mm/dd/yyyy):										
Does your child have any potential, life-threatening medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No													
<p>If <b>YES*</b>, please check one or more of the following:</p> <table border="0"> <tr> <td><input type="checkbox"/> Allergies (Severe Allergic Reaction)</td> <td><input type="checkbox"/> Anxiety/Depression</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Diabetes</td> </tr> <tr> <td><input type="checkbox"/> Epilepsy/Seizure</td> <td><input type="checkbox"/> Heart Condition</td> </tr> <tr> <td><input type="checkbox"/> Flight Risk (due to diagnosed medical condition)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other potential, life-threatening medical condition, please specify: _____</td> <td></td> </tr> </table> <p><b>*Note:</b> Please contact a school official to complete an Individual Health/Emergency Care Plan.</p>				<input type="checkbox"/> Allergies (Severe Allergic Reaction)	<input type="checkbox"/> Anxiety/Depression	<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Flight Risk (due to diagnosed medical condition)		<input type="checkbox"/> Other potential, life-threatening medical condition, please specify: _____	
<input type="checkbox"/> Allergies (Severe Allergic Reaction)	<input type="checkbox"/> Anxiety/Depression												
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes												
<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Heart Condition												
<input type="checkbox"/> Flight Risk (due to diagnosed medical condition)													
<input type="checkbox"/> Other potential, life-threatening medical condition, please specify: _____													
Please specify any medications as well as medical response and instructions that may be necessary:													
Does your child have special needs which may require individual programming? <input type="checkbox"/> Yes <input type="checkbox"/> No													
If <b>YES</b> , please specify:													

**SIBLINGS**

Please list all children in your family who attend school. If you require additional space, please attach a separate page.

Name (Last, First)	Grade	School

**TRANSPORTATION [To be completed by Parents or the School Office]**

Special Needs Transportation required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> School Bus	<input type="checkbox"/> Public Bus Pass <input type="checkbox"/> Walk
AM Bus Route:	PM Bus Route:
AM Stop Location:	PM Stop Location:
AM Bus Driver:	PM Bus Driver:
Eligibility: <input type="checkbox"/> Eligible <input type="checkbox"/> Administration Permission <input type="checkbox"/> Not	Bus Type: <input type="checkbox"/> School Bus <input type="checkbox"/> Public Bus Pass
Reason for Administration Override:	

**ALTERNATE BUSSING INFORMATION [To Be Completed By Office]**

Under special circumstances, some children may require alternate pick up and/or drop off locations to/from school and a location other than their home residence. Within reason, the school will make arrangements to accommodate these requests.

AM  PM  Both

Street:	Community or City/Town, Province & Postal Code:
Contact Name (Last, First):	Contact Phone:

**UNEXPECTED EARLY CLOSURE INSTRUCTIONS**

In the event that school must close early, indicate alternative arrangements you want for your child.

**INTERNATIONAL/IMMIGRANT STUDENT INFORMATION**

Please select **one** of the following:

**Nova Scotia International Student Program (NSISP) Participant:**  
Students who attend a school in Nova Scotia as a participant in NSISP. NSISP students live with a host family, have medical insurance, and pay tuition to attend school. Students are eligible to receive high school credits and the Nova Scotia High School Graduation Diploma if credit requirements have been achieved.

**Exchange Student:**  
Students who have registered with an approved company or organization to attend school in Nova Scotia. For a complete list of eligible companies, please consult the list published by the EECD. Students must provide proof of medical insurance. Exchange students are not eligible to graduate from a NS high school.

**Fee-paying Students (excluding NSISP and Exchange Students):**  
Students who have obtained their own Study Permit (issued by Citizenship and Immigration Canada) to attend school or students who are studying for less than 6 months without a Study Permit. These students live with a relative, family friend or an arranged custodian. They are required to present to the school proof of medical insurance, proof of fee paid to the school board and a Letter of Acceptance issued by the School Board to attend school. These students are eligible to graduate from a NS high school.

**Permanent Resident Student (Non-tuition paying students):**  
Parent(s)/student(s) are not yet citizens; includes refugees and refugee claimants.  
Parents are asked to provide proof of the student's immigration status (one of the following):

- Record of Landing (IMM1000), confirmation of Permanent Residence (IMM5292), or Permanent Resident Card  
Expiry Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Temporary Resident Student (Non-tuition paying students):**  
Parent(s) are in Canada and have either a Work Permit or Study Permit. If the parent's Work Permit is for longer than 12 months, the family is eligible for MSI Health Insurance immediately.

Parent Work Permit                      Expiry Date of Permit:  
 Parent Study Permit                      Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Country of Origin:	Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	---

**2017-2018 REGISTRATION FORM**

**SELF-IDENTIFICATION [Completion of the Aboriginal Identity and Ancestry categories is voluntary.]**

Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the Department of Education and Early Childhood Development and School Boards to have a greater awareness of the diversity of the student population and the communities served and to better meet the educational needs of students. It should be noted that ethnic or cultural identity should not be confused with nationality

**ABORIGINAL IDENTITY**

For the purpose of this form, Aboriginal Peoples are persons who consider themselves to be First Nations, Métis, or Inuit.

**YES, student is considered to be an Aboriginal person. (please check all boxes that apply)**

**Status:**

- Status On-Reserve
- Non-Status On-Reserve
- Status Off-Reserve
- Non-Status Off-Reserve
- Inuit, please specify community: \_\_\_\_\_
- Métis, please specify community: \_\_\_\_\_

**First Nation (Band) please identify:**

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> Acadia                                      | <input type="checkbox"/> Annapolis Valley | <input type="checkbox"/> Bear River   |
| <input type="checkbox"/> Eskasoni                                    | <input type="checkbox"/> Glooscap         | <input type="checkbox"/> Indian Brook |
| <input type="checkbox"/> Membertou                                   | <input type="checkbox"/> Millbrook        | <input type="checkbox"/> Paq'tnkek    |
| <input type="checkbox"/> Pictou Landing                              | <input type="checkbox"/> Potlotek         | <input type="checkbox"/> Wagmatcook   |
| <input type="checkbox"/> We'koqma'q                                  |   |                                       |
| <input type="checkbox"/> Non-Nova Scotia Band, please specify: _____ |   |                                       |

**NO, student is not considered to be an Aboriginal person**

**ANCESTRY**

Please indicate the ancestry with which the student most identifies.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Acadian descent  | <input type="checkbox"/> African descent (Black) | <input type="checkbox"/> Asian descent                          | <input type="checkbox"/> East Asian descent |
| <input type="checkbox"/> European descent | <input type="checkbox"/> Middle Eastern descent  | <input type="checkbox"/> Not listed above, please specify _____ |   |

**AGENCY/SERVICES INVOLVEMENT**

Other Services Received by the Student/Other Agencies Involved with the Student:

- Early Intervention
- Parenting Journey
- APSEA
- Nova Scotia Hearing and Speech – Speech/Language
- Nova Scotia Hearing and Speech – Audiology

- Paediatrician: \_\_\_\_\_
- Child, Youth, and Family Services
- IWK: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

Please list any special needs or challenges for which the school may need to accommodate your child:

---



---



---



---



---



---

**2017-2018 REGISTRATION FORM**

**FRENCH FIRST LANGUAGE EDUCATION ELIGIBILITY [Completion of this section is voluntary]**

One of the ways you may access French first language education is under Section 23 of the *Canadian Charter of Rights and Freedoms* as an entitled parent. Under the Nova Scotia *Education Act*, children of an **entitled parent** are entitled to be provided a French-first-language program.

An **entitled parent** means a parent who is a citizen of Canada and

- i. whose first language learned and still understood is French, or
- ii. who received his or her primary school instruction in Canada in a French-first-language program, or
- iii. of whom any child has received or is receiving primary or secondary school instructions in Canada in a French-first-language program.

As a parent, do you meet at least one of the above criteria?     Yes     No     Do Not Know

**Note: French first language education is not a French immersion program.**

You are advised that future children of your son or daughter may lose their right to an education in the French first language if your child does not attend a French first language school.

In Nova Scotia, French first language education is only offered by the Francophone school board, the Conseil scolaire acadien provincial (CSAP).

Representatives from CSAP are available to answer any questions you have regarding French first language education and to help you determine if you are an entitled parent.

Do you wish to have your name, home telephone number, and email address given to CSAP for a representative to contact you with more information about French first language education?     Yes     No

You may also contact the CSAP at 902-769-5472, 902-769-5458, 1-888-533-2727, or visit the CSAP website at [www.csap.ednet.ns.ca](http://www.csap.ednet.ns.ca).

**I/we certify that all of the information on this registration form to be correct.**

X \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date