



Piikani Nation Secondary School
P.O. Box 10, Brocket, Alberta T0K 0H0
Telephone: 403.965.2121 Fax 403.965.2054



STUDENT REGISTRATION FORM

PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM

The information gathered on this form is being collected pursuant to the School Act Sections 2, 18 & 27; Student Records Regulation A.R. 213/89; FOIPP Act Sections 32, 33, 37 & 38 and the Canadian Charter of Rights and Freedoms Section 23. Information acquired through this form is kept secure and access is restricted.

STUDENT INFORMATION

Student Name: _____
Surname First Name Middle Name

Date of Birth: ____/____/____ Gender: Male Female Neutral

Treaty Number: _____ Band: _____

Alberta Health Care Number: _____ Birth Certificate: _____

Physical/Street Address: _____

Mailing Address: _____

Telephone Number: Home: _____ Cell Phone _____

Previous School Attended: _____

Principals Name: _____ Phone Number: _____

Last Grade Completed: _____ **Date of Registration:** ____/____/____

PARENT INFORMATION

Parent(s)/Guardian(s) Name(s): _____

Relationship to Student: Mother Father Legal Guardian

Telephone Number: Day time: _____ Evening: _____

Address: _____

Box Town/City Province Postal Code

(If Different from Student)

Email Address: _____

Place of Employment: _____ Telephone: _____

Are there any special circumstances the School should be aware of? Yes (please specify) No

In rare instances a student may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, The Domestic Relations Act or the Young Offenders Act. Please indicate if the school administration should be aware of any such Court Order for the protection of this student. If yes, please make an appointment with the Principal to discuss this matter further. Legal documentation is required.

EMERGENCY CONTACT INFORMATION *Must be someone other than Parent(s)/Guardian(s)*

Emergency Contact 1 - Name _____

Telephone Number: Day: _____ Evening: _____

Relationship to Student: _____

Emergency Contact 2 - Name _____

Telephone Number: Day: _____ Evening: _____

Relationship to Student: _____

Family Doctor: _____ Telephone Number: _____

Does your child have any allergies? _____

Does your child have any medical conditions? (Physical, mental, emotional)

SPECIAL SERVICES REQUIRED

Describe any special services your child may require to better assist academically. (E.A., Speech & Language, Counselling)

DECLARATION BY PARENT/GUARDIAN

I certify the information provided to be true, correct and complete; I authorize the release of cumulative records to Piikani Nation secondary School.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

OFFICE USE ONLY

Please ensure all supporting documentation is copied and attached.

AB Education Number: _____ Credits Upon Registration: _____

School Verification/Release: _____ Date: _____

Documentation:

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Alberta Health Care Card/Number |
| <input type="checkbox"/> Indian Status Card/Number | <input type="checkbox"/> Transcripts |
| <input type="checkbox"/> Custody Order | <input type="checkbox"/> Children's Services |
| <input type="checkbox"/> PNSS School photos and media release | <input type="checkbox"/> Land Based Learning consent |

Home Room Teacher: _____ Locker Number: _____

Bus Registration: Yes No Awaiting Bus Route: _____

NOTES:

School Administrator Signature: _____ **Date:** _____