



North East School Division Registration Form

STUDENT INFORMATION

Is your student a new Immigration/International student to Canada?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this student reside outside the NESD school boundaries or outside this school catchment area?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Today's Date				Previous School and City	
Anticipated Start Date					
Legal Last Name				Preferred Surname	
Legal First Name				Preferred First	
Legal Middle Name				Preferred Middle	
Birthdate (Month/Day/Year)					Grade
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/Unspecified			Student Cell	
Physical Address: Street Address or Land Location including City, Prov, Postal Code					
Mailing Address: PO Box # or RR# including City, Prov, Postal Code					
Citizenship Country				Citizenship Country 2	
Country of Birth				Country of Origin	
Home Language				Home Language 2	
Aboriginal Ancestry		<input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit/Inuk <input type="checkbox"/> N/A			
Status - Band Affiliation					
Status - Live on Reserve?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Reserve and Band of Residence	
Legal custody, guardianship, access, protections for this student?		<input type="checkbox"/> N/A <input type="checkbox"/> Yes - explain			
Medical, Family, Legal and/or Learning Alerts the school needs to know					

Please provide information of all parents/guardians, whether living with student or not living with student, and any other adults with living arrangements

CONTACT INFORMATION #1

Relationship		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain			
Last Name				Legal Access/Custody, Guardianship, Protection	
First Name					
Cell Phone				Lives with Student	
Alternate Phone				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time	
Work Phone				Receive Mailings	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Email				Receive Emails	
Attendance, Report Cards, Communications				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Receive Family Portal	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				Considered Emergency Contact	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Address: Street Address or Land Location including City, Prov, Postal Code					
Mailing Address: PO Box # or RR# including City, Prov, Postal Code					



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CONTACT INFORMATION #2			
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain		
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email Attendance, Report Cards, Communications		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			
CONTACT INFORMATION #3			
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain		
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email Attendance, Report Cards, Communications		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			
CONTACT INFORMATION #4			
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain		
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email Attendance, Report Cards, Communications		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			



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CONTACT INFORMATION #5			
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Relative <input type="checkbox"/> Sitter <input type="checkbox"/> Agency <input type="checkbox"/> Sports Billet <input type="checkbox"/> Other, explain		
Last Name		Legal Access/Custody, Guardianship, Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
First Name			
Cell Phone		Lives with Student	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Part-time
Alternate Phone		Receive Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Work Phone		Receive Emails	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Email Attendance, Report Cards, Communications		Receive Family Portal	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Considered Emergency Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical Address: Street Address or Land Location including City, Prov, Postal Code			
Mailing Address: PO Box # or RR# including City, Prov, Postal Code			
CONTACT INFORMATION - Rural Student In-Town Billet			
Billet Name		Cell Phone	
Relationship		Alternate Phone	
CONTACT INFORMATION – Emergency Contact, near community of school			
Name		Cell Phone	
Relationship		Alternate Phone	
ADDITIONAL INFORMATION			
Sibling Names			
Sibling Relationship			
Sibling Birthdate			
Sibling Age			
Sibling Grade			
SCHOOL BUS SAFETY			
<p>The DRIVER is responsible for: Being a professional driver. Ensuring the bus is mechanically ready for the journey. Safely operating the bus by following legislation, regulations, and NESD policy. Allowing enough time to arrive at the destination safely. Familiarizing passengers with emergency equipment and procedures. Establishing additional rules that will enhance bus safety</p> <p>The PASSENGER is responsible for:</p> <p><u>Before and while boarding</u> – Arriving at the bus stop 5 minutes early. Wearing weather appropriate clothing. Always standing away from the road and once the bus stops, using the handrail to board. Respecting others – no pushing, fighting or horseplay. Entering the bus and quickly sitting properly in your seat</p> <p><u>During the bus ride</u> – Knowing what to do in an emergency. Never placing hands, head, or other body parts out the window. Obeying the safety rules. When bringing large items on the bus, leaving them where the driver indicates. Always remaining seated while the bus is moving. Not cluttering the aisles with bags, feet, etc. Doing your part to not distract the driver.</p> <p><u>Leaving the bus</u> – Letting the bus stop completely before standing up. Informing the driver if you drop something inside, under or close to the bus. Verifying with the driver that it is safe to cross the street. Exiting the bus using the handrail and moving at least 2 meters away from the bus.</p>			
<input type="checkbox"/> I have read, understood, and agree to the above School Bus Safety within the North East School Division			
BUS TRANSPORTATION			
Transportation is provided for students residing within the attendance area of a school and who live more than one (1) kilometer from that school. Based on this information, will this student require bussing?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			



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Technology Acceptable Use Agreement

The computers and networks, including Bring Your Own Device, at NESD are to be used for educational purposes. Students may use computers under the permission, direction, and supervision of NESD staff. Computer and/or Internet privileges may be temporarily or permanently withdrawn for any violation of NESD's policies and rules. [AP 525.2 Student Agreement - Employee and Student Use of Technology.pdf](#) outlines the agreement.

For new students in grades PreK-8, parents will receive an email from responses@nesd.ca and be required to accept the technology user agreement on behalf of their student. It is a one-time parent action for this age group.

Students in grades 9-12 will accept the Responsible Use Policy themselves through their school emails. These students will be required to accept the Responsibility Use Policy annually.

I have read and understood the Technology Acceptable Use Agreement

PRIVACY CONSENT

Completion of Privacy Consent is an annual requirement in the NESD

Teachers in the NESD use student work in different ways to support education. Instruction and assessment decisions often include consideration of student work and are done for educational reasons. These Educational Purposes capture school and/or classroom activities like supporting learning, assessing progress, reflecting on work, showcasing student achievements, and enhancing programming. Student work used in this way is not shared publicly.

It is important to the North East School Division to know your preferences for sharing private information while you or your child participate(s) in any of our programs and events. We would like to share the many positive things taking place in our schools with our community. It is a practice within the NESD to promote and celebrate the successes and achievements of our students and school communities. Under LAFOIP Legislation, personal information about a student cannot be released without the prior written consent of the parent or guardian.

In Division: Photographs, audio, or videos of my child's image, name, work, and/or performance to display, publish, and distribute for promotional and educational purposes on the classroom/school websites, Edsby, affiliated social media sites, newsletters, resources, and promotional materials, and/or broadcast on television or radio for NESD purposes.

Out of Division: External organizations and media occasionally attend NESD's programs and events to interview, photograph, or video individuals or groups.

Parents or Students over 18 years of age:

I give permission for my student/my name and/or image to be used for In Division & Out of Division

I give permission for my student/my name and/or image to be used for In Division only

I do not give In Division nor Out of Division permission to share my student/my name and/or image

REGISTRATION AUTHORIZATION

I declare the information that I have provided on this form is complete and accurate. I will notify the school of any changes to the information on this form.

X

Print your Name

Parent/Guardian Signature or Student over 18 years of age

Completed forms must be held for the review of the Superintendent of School Services. The personal information on this form is collected under the authority of LAFOIP and the Education Act and will only be used for the purpose of tracking media consent. *If situations arise that cause you, or your child, to be concerned about safety, with respect to the potential use(s) of his or her personal information as outlined above, please contact the school principal immediately to make changes to your permissions.*