

# STUDENT REGISTRATION FORM

## School Year 2020-2021



Lloyd S. King Elementary School

### FULL LEGAL NAME

LAST NAME:	FIRST NAME:	MIDDLE NAME(S):
NAME COMMONLY USED:	DATE OF BIRTH: dd/mm/yy	BAND:
NUMBER (10 digits):		

### ADDRESS

#### STUDENT LIVES WITH:

- MOTHER     FATHER  
 BOTH         GUARDIAN

ADDRESS: _____ _____ _____	MAILING ADDRESS: (if different from left) _____ _____ _____
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RESIDENCY BY-LAW PERMIT #:
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#### RESIDENCY REQUIREMENT FOR ENROLMENT

*Eligibility to enrol at LSK Elementary School is determined by established funding criteria of the MNCFN funding agent. In order to be eligible to enroll, a student must be a resident on the MNCFN Reserve and meet MNCFN Residency By-Law requirements. (As per council Motion No.9, March 9, 2009). MNCFN reserves the right to verify residency.*

### MEDICAL

HEALTH CARD #:
FAMILY DOCTOR:
DOCTOR PHONE #:

<b>MEDICAL INFORMATION:</b> (allergies, medications, restricted activities) _____ _____
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**\*\*\* IF YOUR CHILD REQUIRES CRITICAL MEDICATION PLEASE  
SEND IT WITH THEM THE FIRST DAY OF SCHOOL \*\*\***  
(epi-pens, inhalers etc.)

### PARENT/GUARDIAN CONTACT INFORMATION

<b>MOTHER:</b>	LIVES WITH STUDENT <input type="checkbox"/> Y <input type="checkbox"/> N
HOME PHONE #:	CELL PHONE #:
EMPLOYER & WORK PHONE #:	
HOME ADDRESS: (if does not live with student)	
E-MAIL:	

<b>FATHER:</b>	LIVES WITH STUDENT <input type="checkbox"/> Y <input type="checkbox"/> N
HOME PHONE #:	CELL PHONE #:
EMPLOYER & WORK PHONE #:	
HOME ADDRESS: (if does not live with student)	
E-MAIL:	

**\*Complete if student does not live with a parent.**

<b>GUARDIAN:</b>	LIVES WITH STUDENT <input type="checkbox"/> Y <input type="checkbox"/> N
HOME PHONE #:	CELL PHONE #:
EMPLOYER & WORK PHONE #:	
HOME ADDRESS: (if does not live with student)	
E-MAIL:	

<b>ANY OTHER IMPORTANT INFORMATION SCHOOL STAFF SHOULD BE AWARE OF:</b> (Custody orders etc. Please provide copies of applicable court documents.) _____ _____ _____
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### 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 #:

<b>PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM SCHOOL:</b>
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### SIBLINGS

SIBLINGS WHO ALSO ATTEND LLOYD S. KING (including this student) <b>OLDEST to YOUNGEST</b>
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### TRANSFER STUDENT

STUDENT TRANSFERRING FROM ANOTHER SCHOOL? <input type="checkbox"/> Y <input type="checkbox"/> N	IF YES →	SCHOOL NAME AND ADDRESS:	LAST GRADE COMPLETED AT PREVIOUS SCHOOL:
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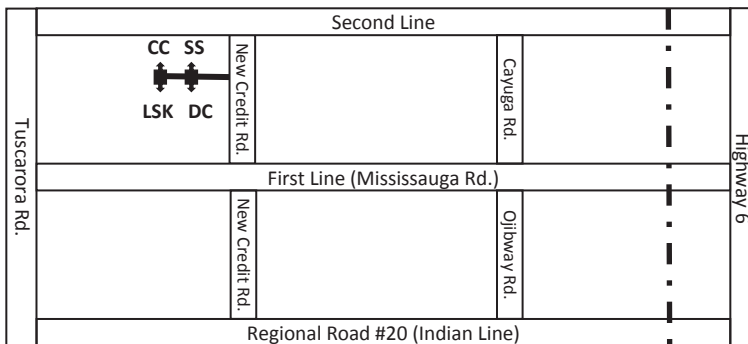
**TRANSPORTATION**

IS YOUR CHILD A BUS RIDER?  Y  N

IF YES →

Please indicate where your child resides with an "X" on the map below.

BLUE TAG#: \_\_\_\_\_  
ROAD NAME: \_\_\_\_\_



**LEGEND**  
**CC:** Community Centre  
**DC:** New Credit Daycare (Ekwaamjigenang)  
**LSK:** Lloyd S. King Elementary School  
**SS:** Social and Health Services  
 - - - Railway Tracks

**\*\*\* PLEASE NOTE \*\*\***  
 For safety reasons, any changes to your child's daily bus routine must be given to the office by 2:00pm to be in effect.

**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(REN)...**

Go home on bus

Go to alternate address on bus (listed below)  
 \_\_\_\_\_

Stay at school until picked up by Parent/Authorized Person

**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 projects: class projects, newspaper, newsletter, website etc. Please check the appropriate box below.  
 Yes  No **I give consent for my child's photo/video to be used as described above.**

**CONSENT FOR MENTAL HEALTH PROGRAM SUPPORT**  
 The School Mental Health Worker (SMHW) is present to provide support for students attending Lloyd S.King Elementary. The SMHW office is located across from the principal's office. Many students seek out the SMHW on their own, but they can also be referred by school administration/teachers.  
 Yes  No **I give consent for the SMHW to support my child's social-emotional learning in this way. The SMHW will notify me if support is given.**

**KINDERGARTEN ONLY – CONSENT TO CONTACT CHILDREN'S CENTRE**  
 On occasion LSK Administration may need to contact Ekwaamjigenang Children's Centre for necessary information to support student programming.  
 Yes  No **I give consent for LSK Administration to contact Ekwaamjigenang Children's Centre for essential information.**

**REGISTRATION**

**\*\*\*PLEASE NOTE: ALL 4 DOCUMENTS BELOW ARE REQUIRED BEFORE REGISTRATION CAN BE AUTHORIZED.\*\*\***  
 Birth Certificate  Status Card  Health Card  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 and accurate to the best of my knowledge.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature



Lloyd S. King Elementary School

Mr. James Medway  
659-3 New Credit Road  
Hagersville, Ontario N0A 1H0  
Phone: 905-768-3222  
Fax: 905-768-4100

Date: \_\_\_\_\_

**To be completed by Parent/Guardian and Physician**

Name of Student: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Birthdate: Day: \_\_\_\_\_ Month \_\_\_\_\_ Year: \_\_\_\_\_  
Parent/ Guardian: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
In case of Emergency, contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Alternate Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Alternate Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parental Approval**

I hereby request and give permission to Lloyd S. King Elementary School (LSK) to administer oral medication to my child according to the instructions of the physician. In making this request, I release any staff member of LSK and the New Credit First Nation from any legal liability that may result from the administration of medication.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/ Guardian

\_\_\_\_\_

Condition of the patient for which oral medication is necessary

\_\_\_\_\_

Special Instructions: (i.e. storage, training required by staff)

<b>Medication Prescribed</b>	<b>Dosage</b>	<b>Time(s) to be given</b>
1. _____		
2. _____		
3. _____		

Duration of continuing medication: \_\_\_\_\_  
Possible side effects: \_\_\_\_\_  
Will it be detrimental to the child's health if a single dose is omitted? \_\_\_\_\_  
Do you wish the community/ public health nurse to provide follow-up? \_\_\_\_\_  
Prescribing physician's name: \_\_\_\_\_  
Office Address and Phone #: \_\_\_\_\_



659-3 New Credit Road R.R. #6  
 Hagersville, Ontario N0A 1H0  
 Phone: 905-768-3222  
 Fax: 905-768-4100

## Registration Requirements for LSK Elementary School 2020-2021

<b>Student's Name:</b>	
<b>Student's DOB:</b>	
<b>Date of Registration:</b>	

Method of Verification for Student's Full Name and Date of Birth:	Registrar's Initial	Principal's Initial
<input type="checkbox"/> Birth Certificate		
<input type="checkbox"/> Status Card		
<input type="checkbox"/> Passport		
<input type="checkbox"/> Baptismal Certificate		
<input type="checkbox"/> Other:		

Method Verification for Student's Primary Address:	Registrar's Initial	Principal's Initial
<input type="checkbox"/> Current Utility Bill		
<input type="checkbox"/> Current property Tax Bill		
<input type="checkbox"/> Current Phone Bill		
<input type="checkbox"/> Current Agreement of Purchase of Sale (Property)		
<input type="checkbox"/> Other Documentation to Confirm a Student's Residency Status:		

\* Under the Municipal Freedom of Information and Protection of Privacy Act, photocopies of a student's personal or immigration documentation should not be retained in student's OSR at the time of registration.

\* An Ontario's Driver's License is not an acceptable form of document to confirm a student's residency status.