



**CAPE BRETON-VICTORIA REGIONAL SCHOOL BOARD**

**PRIMARY REGISTRATION APPLICATION 2017**

**SCHOOL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **STUDENT ID#** \_\_\_\_\_

*Surname:* \_\_\_\_\_ *Given Names:* \_\_\_\_\_

*Common First Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

**Date of Birth:** *Month* \_\_\_\_\_ *Day* \_\_\_\_\_ *Year* \_\_\_\_\_

*Gender:* *Male* \_\_\_ *Female* \_\_\_ *Other* \_\_\_\_\_

**Weight:** **Does your child weigh less than 40 lbs.** **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Address:**

\_\_\_\_\_ *Postal Code:* \_\_\_\_\_

*Mailing Address if different than above:* \_\_\_\_\_

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 _____
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**PARENT/GUARDIAN #1**

*First Name:* \_\_\_\_\_

*Last Name:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone (Day):* \_\_\_\_\_

*Phone (Other):* \_\_\_\_\_

**PARENT/GUARDIAN #2**

*First Name:* \_\_\_\_\_

*Last Name:* \_\_\_\_\_

*Relationship:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone (Day):* \_\_\_\_\_

*Phone (Other):* \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Health Card #** \_\_\_\_\_

**Expiry Date** \_\_\_\_\_

*Medical Concerns:*

*Vision* \_\_\_\_\_ *Hearing* \_\_\_\_\_ *Speech* \_\_\_\_\_ *Kidneys* \_\_\_\_\_ *Other* \_\_\_\_\_

*Medical Conditions: Allergies (etc.):* \_\_\_\_\_ *Medication:* \_\_\_\_\_

*Secondary Conditions:* \_\_\_\_\_ *Medication:* \_\_\_\_\_

**Emergency Contact Name: (Babysitter, Grandparents, Relative, Neighbour):**

*Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Has your child attended pre-school?* \_\_\_\_\_ *Pre-School:* \_\_\_\_\_

**Please list all children in your family beginning with oldest child (use reverse side, if applicable):**

*Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_ *Gender:* \_\_\_\_\_

*Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_ *Gender:* \_\_\_\_\_

*Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_ *Gender:* \_\_\_\_\_

*Name:* \_\_\_\_\_ *Birth Date:* \_\_\_\_\_ *Gender:* \_\_\_\_\_

**Has your child experienced any difficult time recently which would help us to understand him/her. (Please specify)**

A. *Separation from parent(s):* \_\_\_\_\_ *How long?* \_\_\_\_\_

B. *Serious illness of mother, father, sibling?* \_\_\_\_\_

C. *Loss of loved one?* \_\_\_\_\_ *Other:* \_\_\_\_\_

D. *Does your child have any particular fear of which we should be aware?* \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT:** Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the school, school boards, and Department of Education and Early Childhood Development 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	ANCESTRY
<p>For the purpose of this form, Aboriginal Peoples are persons who consider themselves to be First Nations, Metis, or Inuit.</p> <p>Is this student considered to be an Aboriginal person?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If YES, please check the group that best applies</p> <p><input type="checkbox"/> Status On-Reserve      <input type="checkbox"/> Status Off-Reserve</p> <p><input type="checkbox"/> Non-Status On-Reserve      <input type="checkbox"/> Non-Status Off Reserve</p> <p>Inuit, please specify community _____</p> <p>Metis, please specify community _____</p> <p>First Nation (Band) please specify:</p> <p><input type="checkbox"/> Acadia      <input type="checkbox"/> Annapolis Valley      <input type="checkbox"/> Bear River</p> <p><input type="checkbox"/> Eskasoni      <input type="checkbox"/> Glooscap      <input type="checkbox"/> Indian Brook</p> <p><input type="checkbox"/> Membertou      <input type="checkbox"/> Millbrook      <input type="checkbox"/> Paq'tnkek</p> <p><input type="checkbox"/> Potlotek      <input type="checkbox"/> Wagmatcook      <input type="checkbox"/> We'koqma'q</p> <p><input type="checkbox"/> Non-Nova Scotia Band, please specify _____</p>	<p>Please indicate the ancestry with which the student identifies*</p> <p><input type="checkbox"/> Acadian descent      <input type="checkbox"/> African descent(Black)</p> <p><input type="checkbox"/> Asian descent      <input type="checkbox"/> East Asian descent</p> <p><input type="checkbox"/> European descent (such as England, Germany, Ireland, Sweden, Poland etc.)</p> <p><input type="checkbox"/> Middle Eastern descent</p> <p><input type="checkbox"/> Not listed above, please specify _____</p> <p>*Check as many boxes as you wish</p>

**I certify that the above is correct.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

The following original documents were presented:

- Proof of age as listed
- Legal documents related to custody if applicable
- Proof (2) of residency of the parent or guardian and student.

**This must include two items, at least one being from Category A below:**

**Category A:**

proof of ownership of dwelling or long-term lease or rental of dwelling; legal documents indicating Nova Scotia residence; parent or guardian filing income tax returns as a NS resident

**Category B:**

NS hydro bill, NS cable bill, Provincial driver's license, provincial registration of automobile, Canadian bank accounts or credit cards