



Cape Breton-Victoria Regional Centre for Education

PRIMARY REGISTRATION APPLICATION 2019

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:

- Arabic
 English
 French

Mi'kmaw

Gaelic

Other, please specify _____

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:

ABORIGINAL IDENTITY

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

Is this student considered to be an Aboriginal person?

Yes No

If YES, please check the group that best applies

Status On-Reserve Status Off-Reserve

Non-Status On-Reserve Non-Status Off Reserve

Inuit, please specify community _____

Metis, please specify community _____

First Nation (Band) please specify:

- Acadia Annapolis Valley Bear River
 Eskasoni Glooscap Indian Brook
 Membertou Millbrook Paq'tnkek
 Potlotek Wagmatcook We'koqma'q
 Non-Nova Scotia Band, please specify _____

ANCESTRY

Please indicate the ancestry with which the student identifies*

Acadian descent African descent(Black)

Asian descent East Asian descent

European descent (such as England, Germany, Ireland, Sweden, Poland etc.)

Middle Eastern descent

Not listed above, please specify _____

*Check as many boxes as you wish

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