STUDENT REGISTRATION FORM 2021 -2022



SIKSIKA BOARD OF EDUCATION Box 1099 Siksika, Alberta TOJ 3W0

Phone: 403-734-4028 Fax: 403-734-2505 Toll free: 1-855-570-2685

Website: www.siksikaed.com

ON Nation OFF Nation	New Registra	tion	Continuing Registration			
School Requesting 2021-2022:			Grade:			
School attended 2020-2021:			(completed)			
STUDENT INFORMATION						
Legal Last Name:	Legal First Name:		Traditional Name:			
Birthdate: (mm/dd/yyyy)	Gender: (Circle) Male / Female		Students cell #: Email:			
Band Name:	Band #:		Alberta Health Care #:			
Area of residence:	Мар #:		House #:			
Bus Driver:	Any recent assessm Yes / No	ents: (Circle)	Birth Certificate Attached: (Circle) Yes / No			
P/	ARENT/LEGAL GUARDIA	N INFORMA	•			
Last Name:	First Name:					
Mailing Address:	Home phone #:	Home phone #:				
Email Address:	Cell Phone #:	Cell Phone #:				
#1 Emergency Contact Name & #:	#2	#2 Emergency Contact Name & #:				
	STUDENT MEDICAL II	NFORMATIO	V			
Family Doctor Name: Doctor's #:						
List any medical concerns and assessments that the school or transportation should be aware of: (e.g. asthma, allergies, medication, illnesses, mobility issues, special needs, speech & language reports, challenging behaviors, etc.)						
CUSTODY: (Fill below only if your app	olvina to SBE Schools)					
In rare instances a child may be designate Domestic Relations Act, the Divorce Act, t	ed as "Protected" if a court h					
Yes No Does a court order ex						
			ion will be required and will be kept on file.			
NOTE: If NEW complete the following	g: Do you have a child alr					
☐Yes ☐No If yes, indicate name:			chool:			
Report Card attached (Only new applicants need report Cards) Date submitted:						

PARENTAL/GUARDIAN CONSENT Note: This information will be confidential and used for SBE administration purposes only.					
Activity					
Medical Consent:				Initials	
If there is an emergency I hereby give my consent for a doctor of	or other medi	cal assistance	to be called		
for my child.					
Attendance:					
Students will comply with the Siksika Board of Education policie	s, and may be	e required to	meet with		
SBE Student Services Coordinator if attendance is below 80%.					
FOIP(Freedom of Information & Protection of Privacy Act):					
All student records that are in the custody of or under the control of the school are subject to the FOIP					
Act (Section 4/1). I hereby give permission to the Siksika Board of Education administration to have					
access to information regarding my child's progress, PAT scores, and attendance and graduation					
records. This information will be kept confidential by SBE, and r	nay be used f	or education _l	purposes		
only.					
FOIP (Freedom of Information & Protection of Privacy Act):					
I hereby grant permission to Siksika Board of Education on behalf of my child to take photos and/or					
videos of classroom activities, record and tape my child's work(s) and reproduce any of my child's					
work(s) which are produced during the school year, for non-profit educational purposes. I understand					
the production(s) work(s) may be shown at education displays during board sponsored open houses,					
in-service sessions and other school related activities at school board sites or at school board					
sponsored displays in the community or used in a school publica NOTE: The District cannot control how the information may be distributed, inc		adcasts nhotoai	ranhs and the		
Internet (for example, websites, online video and social media).	idding print, bro	uucusts, priotogi	upris, una trie		
Disclaimer:					
This registration form does not constitute automatic admission	to any schoo	ol (Provincial d	or reserve),		
as each school reserves the right to accept students, providing t	here is adequ	iate student s	paces in		
intended grades, and within the caps established by the Siksika	Board of Edu	cation.			
Mandatory Fees: (Initial ONLY if registering off the Nation)					
I understand that Siksika Board of Education covers mandatory	tuition fees f	or my child w	hen I		
register them off of Siksika Nation. Any other fees such as: school supplies, extracurricular activity					
fees, school field trip costs, textbook and instrument rental or deposit, non-compulsory fees such as					
yearbooks, awards, school photos, will be covered by the pareit	nt/legal guard	dian of the ch	ild.		
By signing : I, being the parent/legal guardian of the student I am regis	stering, have re	ead and unders	tand the infor	mation provided.	
Parent/Guardian Signature — Date					
Parent/Guardian Signature		Dati	e		
SBE Superintendent's/Assistant Signature Date					
Office Use Only:		Date	Modified: N	March 11, 20210	
Transfer Date:		Dute	iviouijicu. i	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Transportation only:	Map #:	House #:	Date:	Transportation	
Transportation only: This student lives within the established attendance area	π.	σασε π.	2410.	Initials:	
	Rus Driver:		Driver's #:		
of the school for which they are applying.	Bus Driver: Driver'		Driver's #.		
Additional Information:					