



# 2025 – 2026 SCHOOL YEAR INTENT TO RETURN OFF-RESERVE FOR RETURNING STUDENTS

SIKSIKA BOARD OF EDUCATION  
Box 1099 Siksika, Alberta T0J 3W0  
Phone: 403-734-4028 Fax: 403-734-2505 Toll free: 1-855-570-2685  
www.siksikaed.com

Complete this form and submit to the Siksika Board of Education Office before the end of the current school year. Form can be emailed to [studentregistrations@sboe.ca](mailto:studentregistrations@sboe.ca)

YES, my child will be returning to \_\_\_\_\_ for the 2025-2026 school year.  
current school

NO, my child will not be returning. I will be transferring my child to \_\_\_\_\_  
new school  
out of \_\_\_\_\_ on or by \_\_\_\_\_  
current school date

Reason for leaving: \_\_\_\_\_

Student: \_\_\_\_\_  
Last name First name Middle name(s)

Grade in Sept 2025: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Band: \_\_\_\_\_  
mm dd yyyy name number

Map: \_\_\_\_\_ House: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell/House Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Number: \_\_\_\_\_

- If map/house changes anytime throughout the school year, parent/legal guardians are required to fill out the [Request for Transportation form](#).
- This does not replace your child’s school registration/verification/demographic forms.

I, being the parent/legal guardian, understand and accept the above conditions and the information I have provided is up-to-date and accurate.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
SBE Superintendent/Assistant Superintendent Date

\_\_\_\_\_  
Current School/Division Administrator Date

<b>Office Use Only</b>		<i>Date Created: March 31, 2025</i>
<i>Date submitted to SBE Office:</i>	<i>Receiver's Name and Initial</i>	
<i>Date submitted to school/school board returning or transferring to:</i>	<i>Receiver's Name and Initial</i>	

Note: This information will be **confidential** and used for SBE administration purposes only