



École du Carrefour

Date of Enrolment (Month/Day/Year):
School Attended Last Year (if different):

PROGRAM INFORMATION* [Choose one of the following]

Français langue première

***Note:** Contact school administration for assistance completing this section, if needed.

STUDENT INFORMATION

LEGAL NAME (as listed on birth certificate, passport or immigration papers)	
Last:	First: Middle:
Preferred:	
Date of Birth: Month _____ Day _____ Year _____	Proof for Date of Birth (must be presented to Office): <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade:
PSM # (Completed by Office):	Out of Area? (Completed by Office): <input type="checkbox"/> Yes <input type="checkbox"/> No
Civic Address (Street, Apt):	City/Town, Province & Postal Code:
Mailing Address (Street, Apt)(if different from civic address):	Mailing Address - City/Town, Province & Postal Code:
Home Phone:	Student's Cell Phone:

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Name (First/Last):	Name (First/Last):
Relationship:	Relationship:
Civic Address (if different from student):	
Civic Address (Street, Apt):	Civic Address (Street, Apt):
City/Town, Province & Postal Code:	City/Town, Province & Postal Code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French
Language Most Often Spoken in the Home:	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 _____	<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 _____

CUSTODY ARRANGEMENTS [Appropriate documentation should be provided]

Are special custody arrangements requested for this student at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description/Details (including any special instructions):

ANCESTRY

Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the Department of Education and School Boards to have a greater awareness of the diversity of the student population and the communities served and to better meet the needs of students.

This section refers to the ethnic or cultural origins of the student's ancestors from either/or both sides of the family. Ethnic or cultural ancestry should not be confused with nationality.

Please select from the following list:

- Acadian/Acadien* descent
 African descent
 East Asian descent
 European descent
 Asian descent
 Middle Eastern descent
 Other, please specify _____

***Note:** For those students entitled to attend a French school, contact a School Official to complete the necessary forms.

SIBLINGS

Please list all children in your family who attend school. If you require additional space, please attach a separate page.

Name (First/Last)	Grade	School

TRANSPORTATION [To be completed by Parents or the School Office]

Special Needs Transportation required? Yes No

School Bus
 Public Bus Pass
 Walk

Bus Route:
 AM Route: _____ PM Route: _____

AM Stop Location: _____ PM Stop Location: _____

Bus Driver: _____ Bus Driver: _____

Eligibility:
 Eligible
 Administration Permission
 Not Eligible

Bus Type:
 School Bus
 Public Bus Pass

Reason for Administration Override: _____

ALTERNATE BUSSING INFORMATION [To Be Completed By Office]

Under special circumstances, some children may require alternate pick up and/or drop off locations to/from school and a location other than their home residence. Within reason, the school will make arrangements to accommodate these requests.

AM
 PM
 Both

Street: _____ City, Province & Postal Code: _____

Contact Name (First/Last): _____ Contact Phone: _____

UNEXPECTED EARLY CLOSURE INSTRUCTIONS

In the event that school must close early, indicate alternative arrangements you want for your child.

INTERNATIONAL STUDENT INFORMATION

Country of Origin: _____

Please select **one** of the following choices:

Walk-in Student
 Parent has Employment Authorization
 Nova Scotia International Student Program (NSISP) Participant
 Parent has Student Authorization
 Exchange Student (HS Only)
 Parent is a Permanent Resident

Health Insurance: Yes No

FRENCH FIRST LANGUAGE EDUCATION ELIGIBILITY [Completion of this section is voluntary]

One of the ways you may access French first language education is under Section 23 of the *Canadian Charter of Rights and Freedoms* as an entitled parent. Under the *Nova Scotia Education Act*, children of an **entitled parent** are entitled to be provided a French-first-language program.

An **entitled parent** means a parent who is a citizen of Canada and

- i. whose first language learned and still understood is French, or
- ii. who received his or her primary school instruction in Canada in a French-first-language program, or
- iii. of whom any child has received or is receiving primary or secondary school instructions in Canada in a French-first-language program.

As a parent, do you meet at least one of the above criteria? Yes No Do Not Know

Note: French first language education is not a French immersion program.

You are advised that future children of your son or daughter may lose their right to an education in the French first language if your child does not attend a French first language school.

In Nova Scotia, French first language education is only offered by the Francophone school board, the Conseil scolaire acadien provincial (CSAP).

Representatives from CSAP are available to answer any questions you have regarding French first language education and to help you determine if you are an entitled parent.

Do you wish to have your name, home telephone number, and email address given to CSAP for a representative to contact you with more information about French first language education? Yes No

You may also contact the CSAP at 902-769-5472, 902-769-5458, 1-888-553-2727, or visit the CSAP website at www.csap.ednet.ns.ca.

I/we certify that all of the information on this registration form to be correct.

X _____

Parent/Guardian Signature

Date