



**CAPE BRETON-VICTORIA REGIONAL SCHOOL BOARD**

**PRIMARY REGISTRATION APPLICATION 2018**

**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
---	---

**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):**

<i>Name:</i> _____	<i>Birth Date:</i> _____	<i>Gender:</i> _____
<i>Name:</i> _____	<i>Birth Date:</i> _____	<i>Gender:</i> _____
<i>Name:</i> _____	<i>Birth Date:</i> _____	<i>Gender:</i> _____
<i>Name:</i> _____	<i>Birth Date:</i> _____	<i>Gender:</i> _____

**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

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