



NEW SBE STUDENT REGISTRATION FORM 2024-25

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

This registration form is only for NEW students applying to attend Siksika Board of Education schools. Forms can be brought directly to the school or emailed to:

- Siksika Nation High School (403-734-5400) – snhs.reg@siksikaboardofeducation.com
- Siksika Outreach School (403-734-3418) – sfs.reg@siksikaboardofeducation.com
- Chief Crowfoot School(403-734-5320) – cfs.reg@siksikaboardofeducation.com
- Chief Old Sun School (403-734-5300) – coss.reg@siksikaboardofeducation.com

Please provide necessary documents; Birth certificate, status card, AHC card, report cards, custody/court orders, etc.

School Requesting: _____ School Year: _____

*****If student resides outside of school transportation area, then the registration needs to be approved by the SBE Superintendent OR Assistant Superintendent. *****

School presently registered: _____ Grade: _____

(Or last school registered)

(Entering)

STUDENT INFORMATION					
Legal Last Name:		Legal First & Middle Name:		Traditional or Preferred Name:	
Birthdate: <i>(mm/dd/yyyy)</i> :		Gender: <i>(Circle)</i> Male / Female / Non-Binary		Students cell #:	
Band Name:		Band #:		Alberta Health Care #:	
Area of Residence:	Map #:	House #:	Siblings at same Residence? <i>(List names/schools)</i> :		
Any recent assessments: <i>(Circle)</i> Yes / No			Birth Certificate Attached: <i>(Circle)</i> Yes / No		
PARENT/LEGAL GUARDIAN INFORMATION					
Legal Surname:			Legal First & Middle Name:		
First Nation Band Name:			Band Number:		
Email Address:			Home Number:		
Work Number:			Cell Number:		
Relationship to Student:					
<input type="checkbox"/> Mother		<input type="checkbox"/> Other <i>(please identify, e.g. Aunt)</i> : _____			
<input type="checkbox"/> Father		<input type="checkbox"/> Case Worker: Name: _____			
Phone Number: _____					
Email Address: _____					
Mailing Address: _____					

EMERGENCY CONTACT 1		EMERGENCY CONTACT 2	
Name:		Name:	
Phone Number:		Phone Number:	
Email Address:		Email Address:	
STUDENT MEDICAL INFORMATION			
Family Doctor Name:		Name of Clinic:	Doctor/Clinic Number:
<p><i>Does child have 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.)?</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Please list: _____ (if yes) _____</p>			<p>Does child require special needs transportation:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
CUSTODY (if applicable)			
<p>In some instances, a child may be designated as "Protected" if a court has issued a court order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, the Young Offenders Act, the Family Act, or is subject of a custody or access order:</p> <p>Does a court order exist? (Circle): YES / NO</p> <p>If "yes" please discuss this situation with the school administrator. Legal documentation will be required and will be kept on file.</p>			
TRANSPORTATION			
<p>Is transportation needed? (Circle): Yes / No</p> <p>Does student live in the designated busing area for requested school? (Circle) Yes / No</p>			
PARENTAL/GUARDIAN CONSENT			Parent/Guardian Initials
<p>Medical Consent:</p> <p>If there is an emergency I hereby give my consent for a doctor or other medical assistance to be called for my child.</p>			
<p>Attendance:</p> <p>Students will comply with the Siksika Board of Education policies, and may be required to meet with SBE Student Services Coordinator if attendance is below 80%.</p>			
<p>FOIP (Freedom of Information & Protection of Privacy Act):</p> <p>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 may be used for education purposes only.</p>			
<p>FOIP (Freedom of Information & Protection of Privacy Act):</p> <p>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 publication.</p> <p>NOTE: The District cannot control how the information may be distributed, including print, broadcasts, photographs, and the Internet (for example, websites, online video and social media).</p>			
<p>Disclaimer:</p> <p>This registration form does not constitute automatic admission to any school (Provincial or reserve), as each school reserves the right to accept students, providing there is adequate student spaces in intended grades, and within the caps established by the Siksika Board of Education.</p>			

I, being the parent/legal guardian of the student I am registering, have read and understand the information provided.

 Print Parent/Guardian Name

 Date

 SBE School Principal/Vice Principal Signature

 Date

Office Use Only:		<i>Date Modified: March 25, 2024</i>		
Transfer Date:				
Transportation only: <i>This student lives within the established attendance area of the school for which they are applying.</i>	Map #:	House #:	Date:	Transportation Initials:
	Bus Driver:			
	Driver's #:			

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