



NEW APPLICANTS PRE-REGISTRATION FORM FOR OFF-RESERVE SCHOOLS

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

School Requesting: _____ School Year: _____

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	Student's cell Number:
First Nation Band Name:	Band Number:	Birth Certificate Attached: <i>(Circle one)</i> YES / NO
MAILING ADDRESS		PHYSICAL ADDRESS
Street/Box Number: Town/City: Postal Code:	Map Number:	House Number:
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:	

Are there other children in the same household attending the same school district?	
Names & Grades:	School(s):

TRANSPORTATION

Is transportation needed? *(Circle)*: Yes / No
 Does student live in the designated busing area for requested school. *(Circle)*: Yes/No

NOTE: Once the Off-Reserve Registration is approved, Parent/Guardians must contact SBE Transportation Department to arrange transportation.

Transportation Supervisor, Jason Doore Phone: 403-734-4023 Email: jasond@sboe.ca
 Transportation Assistant, Destiny Rabbit Carrier Phone: 403-734-4020 Email: rabbitcarrierde@sboe.ca

PARENTAL/GUARDIAN CONSENT

Disclaimer: 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.	<i>Parent/Guardian Initials</i>
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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 Superintendent/Assistant Superintendent Signature

Date

Requesting School Division Approval Signature

Date Approved

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