



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 / Other	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:
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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, eg. Aunt):</i> _____ <input type="checkbox"/> Father <input type="checkbox"/> Case Worker: Name: _____ <div style="margin-left: 300px;">Phone Number: _____</div> <div style="margin-left: 300px;">Email Address: _____</div> <div style="margin-left: 300px;">Mailing Address: _____</div>	

EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Name:	Name:
Phone Number:	Phone Number:
Email Address:	Email Address:

Parents/Legal Guardians: Please **DO NOT** put yourself as one of the Emergency Contacts

Are there other children in the same household attending the same school district?

Names & Grades:

School(s):

TRANSPORTATION

Is transportation needed? (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.

Parent/Guardian
Initials

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

Form can be brought to Siksika Board of Education office (located in the SGC building) or emailed to siksikaed@sboe.ca

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



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OFF-RESERVE SCHOOL REGISTRATION CHECKLIST

Do you have everything you need for registering your child into school?
Use this checklist to double-check your registration form before submitting!

- Provide two emergency contacts that are NOT the parent/legal guardian
- Provide copies of birth certificate, report cards, and custody/guardianship documents (if applicable)
- Answer Yes or No for the Transportation section
- Initial consent field
- Sign and date
- All fields are filled out
- Completed requesting school registration form

NOTE: There is a possibility that the requesting school may not accept the application if the package is incomplete. Please fully complete the forms and include all documents that are requested.

If you have any questions, please contact the Siksika Board of Education at 403-734-4028 or email siksikaed@siksikaboardofeducation.com, and you will be directed to a staff member who can best assist you.

Thank you!