



2025 – 2026 SCHOOL YEAR INTENT TO RETURN OFF-RESERVE FOR RETURNING STUDENTS

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

Complete this form and submit to the Siksika Board of Education Office before the end of the current school year. Form can be emailed to studentregistrations@sboe.ca

☐ YES, my child will be returning to _____ for the 2025-2026 school year.
current school

☐ NO, my child will not be returning. I will be transferring my child to _____
new school
out of _____ on or by _____
current school date

Reason for leaving: _____

Student: _____
Last name First name Middle name(s)

Grade in Sept 2025: _____ Birthdate: ____/____/____ Band: _____
mm dd yyyy name number

Map: _____ House: _____ Mailing Address: _____

Parent/Guardian: _____ Cell/House Number: _____

Email Address: _____ Work Number: _____

- If map/house changes anytime throughout the school year, parent/legal guardians are required to fill out the [Request for Transportation form](#).
- This does not replace your child's school registration/verification/demographic forms.

I, being the parent/legal guardian, understand and accept the above conditions and the information I have provided is up-to-date and accurate.

Parent/Guardian

Date

SBE Superintendent/Assistant Superintendent

Date

Current School/Division Administrator

Date

Office Use Only		Date Created: March 31, 2025
Date submitted to SBE Office:	Receiver's Name and Initial	
Date submitted to school/school board returning or transferring to:	Receiver's Name and Initial	

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