



## 2025 – 2026 SCHOOL YEAR NEW STUDENT REGISTRATION FORM

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: \_\_\_\_\_

Last school registered: \_\_\_\_\_

Grade in September 2025: \_\_\_\_\_

STUDENT INFORMATION			
Legal Last Name:		Legal First & Middle Name:	
Traditional or Preferred Name:	Birthdate: (mm/dd/yyyy):	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Band Name:  Band Number: (Provide a copy)	Latest Report Card Attached:  YES <input type="checkbox"/> NO <input type="checkbox"/>	Birth Certificate Attached:  YES <input type="checkbox"/> NO <input type="checkbox"/>	Alberta Health Care Number:
MAILING ADDRESS		PHYSICAL ADDRESS	
Street/Box Number:  Town/City:  Postal Code:		Map Number:	House Number:
PARENT/LEGAL GUARDIAN INFORMATION			
Mother's FULL Legal Name:  Band & Band Number:  Cell/Home Number:  Work Number:  Email Address:		Father's FULL Legal Name:  Band & Band Number:  Cell/Home Number:  Work Number:  Email Address:	
Does a court order exist? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If "yes" please discuss this situation with the school administrator and fill the following information and provide updated court documents.		If "no" but student lives with other family members, please fill out this section and provide a letter from parents/guardians to support this.	
Legal Guardian's Name (if applicable):  Case Worker & Agency:  Contact Number(s):  Email Address:		Caregiver's Name (if applicable):  Relationship (eg. kinship/aunt/grandparent):  Contact Number(s):  Email Address:	

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

Names & Grades:

School(s):

**EMERGENCY CONTACTS**

**PLEASE PROVIDE 1 – 2 DIFFERENT CONTACTS OTHER THAN PARENT/GUARDIANS**

Contact #1 Name:

Contact #2 Name:

Contact Number(s):

Contact Number(s):

Email:

Email:

**STUDENT MEDICAL INFORMATION**

Family Doctor Name:

Name of Clinic:

Doctor/clinic Number:

Does child have any medical concerns that the school should be aware of, such as: asthma, medications, allergies, illnesses, mobility issues, challenging behaviours, etc.? If yes, please list:

Does your child have any recent Specialized Assessments (Speech, Psycho-Educational, etc.) or any academic accommodations? If yes, please list:

**TRANSPORTATION**

Is transportation needed? (Circle): Yes ☐ No ☐

If yes, please fill out the [Request for Transportation form](#).

<b>PARENTAL/GUARDIAN CONSENT</b>		<b>Parent/Guardian Initials</b>
<b>Medical Consent:</b> If there is an emergency I hereby give my consent for a doctor or other medical assistance to be called for my child.		
<b>Attendance:</b> Students will comply with the Siksika Board of Education policies, and may be required to meet with SBE Board Office if attendance is below 80%.		
<b>FOIP (Freedom of Information &amp; Protection of Privacy Act):</b> 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.		
<b>FOIP (Freedom of Information &amp; Protection of Privacy Act):</b> 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. <b>NOTE:</b> <i>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).</i>		
<b>Disclaimer:</b> This registration form <b>does not constitute automatic admission</b> 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.		
<b>Transportation:</b> <ul style="list-style-type: none"> <li>• I understand that SBE Transportation has GPS enabled tracking system on all school buses.</li> <li>• School registration does not constitute automatic seat on the bus. The student must register with SBE Transportation with the Request for Transportation form.</li> <li>• If a bus is at capacity, please contact transportation department for options.</li> <li>• The student must live within the boundary that is the established area of the school they are registering for.</li> <li>• Students and the parents/guardians must abide by all the relevant SBE policy.</li> </ul>		

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

\_\_\_\_\_  
Print Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SBE School Principal/Vice Principal Signature

\_\_\_\_\_  
Date

*Forms can be brought directly to the school or emailed to:*

- Siksika Nation High School (403-734-5400) – [snhsreg@siksikaboardofeducation.com](mailto:snhsreg@siksikaboardofeducation.com)
- Siksika Outreach School (403-734-3418) – [sfs.reg@siksikaboardofeducation.com](mailto:sfs.reg@siksikaboardofeducation.com)
- Chief Crowfoot School(403-734-5320) – [cfs.reg@siksikaboardofeducation.com](mailto:cfs.reg@siksikaboardofeducation.com)
- Chief Old Sun School (403-734-5300) – [coss.reg@siksikaboardofeducation.com](mailto:coss.reg@siksikaboardofeducation.com)
- SBE Board office (403-734-4028) – [studentregistrations@sboe.ca](mailto:studentregistrations@sboe.ca)

Office Use Only		Date Modified: May 7, 2025
Date submitted to SBE School or Office:		Receiver's Name and Initial

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