



2026 – 2027 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 2026: _____

STUDENT INFORMATION			
Legal Last Name:		Legal First & Middle Name:	
First Nation (STATUS) <input type="checkbox"/>	Birthdate: (mm/dd/yyyy):	Gender:	
First Nation (NON-STATUS) <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	
Not First Nation <input type="checkbox"/>	Latest Report Card Attached:	Birth Certificate Attached:	Alberta Health Care Number:
Band Name: Band Number: <i>(Provide a copy)</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAILING ADDRESS		PHYSICAL ADDRESS	
Street/Box Number:		Map Number:	
Town/City:		House Number:	
Postal Code:			
PARENT/LEGAL GUARDIAN INFORMATION			
Mother's FULL Legal Name:		Father's FULL Legal Name:	
Band & Band Number:		Band & Band Number:	
Cell/Home Number:		Cell/Home Number:	
Work Number:		Work Number:	
Email Address:		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):		Caregiver's Name (if applicable):	
Case Worker & Agency:		Relationship (e.g. kinship/aunt/grandparent):	
Contact Number(s):		Contact Number(s):	
Email Address:		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 [Transportation Form](#). (Schools can also provide a copy.)

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

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
- Chief Crowfoot School (403-734-5320) – cfs.reg@siksikaboardofeducation.com
- Chief Old Sun School (403-734-5300) – coss.reg@siksikaboardofeducation.com

Registration at Siksika Outreach School is by referral only.

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