



2026-2027 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

Please complete this form and submit to the Siksika Board of Education office before the current school year ends. Form can also be submitted to your current school or emailed to studentregistrations@sboe.ca

YES, my child will be returning to _____ for the 2026-2027 school year.

NO, my child will not be returning:
Reason for leaving (eg. Moving or Transferring): _____

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

Grade in Sept 2026: _____ Birthdate: ___/___/___ Band: _____
mm dd yyyy name number

TRANSPORTATION: Is your child utilizing SBOE transportation services?

If Yes, Bus Driver Name: _____

If No, does parent/guardian receive conveyance? YES NO

Map: _____ House: _____ Mailing Address: _____

Parent/Guardian: _____ Phone Number: _____

Email Address: _____ Alternate Number: _____

Emergency Contact: _____ Emergency Contact Number: _____

- If map/house changes anytime throughout the school year, parent/legal guardians are required to contact SBE Transportation department.
- 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

OFFICE USE ONLY		Note: This information will be <i>confidential</i> and used for SBE administration purposes only
Date submitted to SBE Office	Date Created: March 24, 2026 Receiver's Name	