



**Piikani Nation  
Secondary School**

*P.O. Box 10, Brocket,  
Alberta ToK oHo*



*Forminator*

*Telephone: 403.965.2121 Fax 403.965.2054*

**STUDENT REGISTRATION FORM**

**PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM**

The information gathered on this form is being collected according to the School Act Sections 2, 18, & 27; Student Records Regulation A.R. 213/89; FOIPP Act Sections 32, 33, 37, & 38; and the Canadian Charter of Rights and Freedoms Section 23. Information acquired through this form is kept secure, and access is restricted.

**STUDENT INFORMATION**

**Student**

Name: \_\_\_\_\_

Surname First Name Middle Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female Neutral Treaty

Number: \_\_\_\_\_ Band: \_\_\_\_\_

Alberta Health Care Number: \_\_\_\_\_ Birth

Certificate: \_\_\_\_\_ Physical/Street

Address: \_\_\_\_\_

Mailing

Address: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Previous School

Attended: \_\_\_\_\_ Principals

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Last

Grade Completed: \_\_\_\_\_ Date of Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT INFORMATION**

Parent(s)/Guardian(s)

Name(s): \_\_\_\_\_ Relationship to

Student: Mother Father Legal Guardian

Telephone Number: Day time: \_\_\_\_\_ Evening: \_\_\_\_\_

Address: \_\_\_\_\_

Box Town/City Province Postal Code

*(If Different from Student)*

Email

Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are there any special circumstances the School should be aware of? Yes (please specify) No

\_\_\_\_\_  
\_\_\_\_\_

*In rare instances, a student may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, or the Young Offenders Act. Please indicate if the school administration should be aware of any such Court Order for the protection of this student. If yes, please make an appointment with the Principal to discuss this matter further. Legal documentation is required.*

**EMERGENCY CONTACT INFORMATION *Must be someone other than Parent(s)/Guardian(s)* Emergency Contact 1 -**

Name \_\_\_\_\_ Telephone Number:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Relationship to

Student: \_\_\_\_\_ **Emergency**

**Contact 2 - Name** \_\_\_\_\_ Telephone

Number: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Telephone

Number: \_\_\_\_\_ Does your child have any

allergies? \_\_\_\_\_ Does your child have any

medical conditions? (Physical, mental, emotional)

\_\_\_\_\_

**SPECIAL SERVICES REQUIRED**

Describe any special services your child may require to better assist academically. (E.A., Speech & Language, Counselling)

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**DECLARATION BY PARENT/GUARDIAN**

*I certify the information provided to be true, correct, and complete; I authorize the release of cumulative records to Piikani Nation Secondary School.*

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT BY PARENT/GUARDIAN**

*I hereby give my consent and authorize the staff at Piikani Nation Secondary School to take pictures and/or videos of my child for activities related to school events, and they may be posted to the Peigan Board of Education Society website and local newsletters.*

*I hereby give my consent for my child to participate in field trips provided by Piikani Nation Secondary School and to be transported to and from the destination on a Peigan Board of Education Society school bus.*

*I hereby allow the staff members of Piikani Nation Secondary School to call emergency medical services if my child requires any medical treatment.*

Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Please ensure all supporting documentation is copied and attached.

AB Education Number: \_\_\_\_\_ Credits Upon

Registration: \_\_\_\_\_ School Verification/Release: \_\_\_\_\_

Date: \_\_\_\_\_ Documentation:

Birth Certificate Alberta Health Care Card/Number Indian Status Card/Number Transcripts

Custody Order Children's Services

PNSS School photos and media release Land Based Learning consent Home Room

Teacher: \_\_\_\_\_ Locker Number: \_\_\_\_\_ Bus

Registration: Yes No Awaiting Bus Route: \_\_\_\_\_

**NOTES:**

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**School Administrator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_