## **SCHOOL ENTRY PERMIT DEPARTMENT OF EDUCATION AND EARLY CHILDHOOD DEVELOPMENT**



| $\supset$           | :   |
|---------------------|-----|
| Nouveau<br>Cunswick | Reg |
|                     | - — |

| School use only   |
|---|
| Regular   |
| Interim <sup>1</sup> – valid for only 120 calendar days following school entrance |
| ,   |

| Student's lead new   | ٠             |  | /       |  | /   |   |               |
|--|---------------|--|---------|--|---|---|---------------|
| Student's legal nam  | e             | First  | /       | Middle   | /   | Last  |               |
| Student's preferred  | name:         |  | /       |  | 1   |   |               |
| Student's preferred (if applicable)  |               | First  | ,       | Middle   | ,   | Last  |               |
| Medicare: <sup>2</sup>   |               |  |         |  |   |   |               |
| Date of birth:   |               |  |         | Ger  | nder:   | Grade:  |               |
| Ye   | ear           | Month  | Day     |  |   |   |               |
|  |               |  |         |  |   | elp keep student's records u                              |               |
| Proof of Age: <sup>3</sup>   |               |  |         | Requ   | ired Immu                                       | ınizations: <sup>4</sup>                                  |               |
| ☐ Birth Certificate  | No            |  |         |  |   | This section is completed by a l                          |               |
| ☐ Passport   | No            |  |         | ∐ Ind  | complete*                                       | completed by a l  | nealti<br>nai |
| ☐ Driver's license   | No            |  |         |  | edical exe                                      | mption* care professio                                    | iiui.         |
| Other:   |               |  | (specif |  |   | Moral exemption*  |               |
|  | No            |  |         | ע ^ ע<br><u></u> .                                       | ocumentatio                                     | n required – refer to <i>Policy 7</i>                     | 06            |
| Parent / Legal Guard   |               | lependent stud   |         | Parent / Lega  | al Guardia                                      | an:   |               |
| Parent / Legal Guard  Legal first name   | dian / Ind    |  | dent: i | Parent / Lega  | al Guardia                                      |   |               |
| Primary address for Parent / Legal Guard  Legal first name  Address:   | dian / Ind    | lependent stud   | dent: I | Parent / Lega  | al Guardia                                      | an:<br>Legal last name                                    |               |
| Legal first name  Address:  City   | Street        | Legal last name  | dent: I | Parent / Lega<br>Legal fi<br>Address:                    | al Guardia                                      | Legal last name  Street  Province Postal Code             |               |
| Legal first name  Address:  City   | Street        | Legal last name  | dent: I | Parent / Lega<br>Legal fi<br>Address:                    | al Guardia                                      | Legal last name Street                                    |               |
| Legal first name  Legal first name  Address:  City  Phone: () ()  Other information (e   | Street  Provi | Legal last name  Legal last name  ince Postal Cod  (daytime)  (, program of students)  | dent: i | Legal fi Address: City Phone: (                          | al Guardia                                      | Legal last name  Street  Province Postal Code(daytime)    |               |
| City Phone: () Cher information (extended to be the proving student, declare that the esident of the Proving student in the proving s | Street  Provi | Legal last name  Legal last name  ince Postal Cod  (daytime)  (daytime)  I, program of students  mation provide w Brunswick. | dent: I | Legal fi Address: City Phone: ( parent/legarate to the b | al Guardia rst name  ) ) ) gal guard eest of my | Legal last name  Street  Province Postal Code(daytime)(   |               |
| Legal first name  Address:  City  Phone: ()  ()  Other information (e  | Street  Provi | Legal last name  Legal last name  ince Postal Cod  (daytime)  (daytime)  I, program of students  mation provide w Brunswick. | dent: I | Legal fi Address: City Phone: ( parent/legarate to the b | al Guardia rst name  ) ) ) gal guard eest of my | Legal last name  Street  Province Postal Code (daytime) ( |               |

<sup>&</sup>lt;sup>1</sup> The conditions under which an interim permit may be issued are defined in section 6.4 of Policy 706 – *Proof of Immunization*.

<sup>&</sup>lt;sup>2</sup> Medicare numbers are used only in emergency medical situations.

Documents recognized as proof of age and identity are: birth certificate, passport and/or driver's license. Other documents may include immigration documents or a certificate issued by another Canadian provincial government indicating the date of birth.

Section 10(1) of the *Education Act* requires superintendents to refuse admission to a pupil unless satisfactory proof of immunizations required under the *Health Act* is provided.

<sup>&</sup>lt;sup>5</sup> A student may have only one primary address in the student information system. In cases of joint custody, parents must decide which address will be recorded as the primary address.