

**SCHOOL ENTRY PERMIT**  
DEPARTMENT OF EDUCATION



School use only

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

Name of school: \_\_\_\_\_

Student's legal name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Student's preferred name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if applicable) First Middle Last

Medicare:<sup>2</sup> \_\_\_\_\_  Parent/legal guardian agrees that the Medicare number can be used by the Department of Education, only if necessary, to resolve ambiguities.

Date of birth: \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's mother's maiden name: \_\_\_\_\_ (to help keep student's records unique)

**Proof of Age:<sup>3</sup>**

- Birth Certificate No. \_\_\_\_\_  
 Passport No. \_\_\_\_\_  
 Driver's license No. \_\_\_\_\_  
 Other: \_\_\_\_\_ (specify) \_\_\_\_\_ No. \_\_\_\_\_

**Required immunizations:<sup>4</sup>**

- Complete  
 Incomplete\*  
 Medical exemption\*  
 Religious or Moral exemption\*  
\* Documentation required – refer to *Policy 706*
- This section is to be completed by a health care professional.

**Primary address for student<sup>5</sup>**

**Parent / Legal Guardian / Independent student:**

Legal first name \_\_\_\_\_ Legal last name \_\_\_\_\_  
Address: \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: ( ) ( ) ( ) ( ) ( ) ( ) (daytime)  
( ) ( ) ( ) ( ) ( ) ( )

**Parent / Legal Guardian:**

Legal first name \_\_\_\_\_ Legal last name \_\_\_\_\_  
Address: \_\_\_\_\_ Street \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone: ( ) ( ) ( ) ( ) ( ) ( ) (daytime)  
( ) ( ) ( ) ( ) ( ) ( )

Other information (e.g. medical, program of study): \_\_\_\_\_

I, \_\_\_\_\_ parent/legal guardian of the above-named student, declare that the information provided is accurate to the best of my knowledge and that I am a resident of the Province of New Brunswick.

Signature of parent / legal guardian / independent student \_\_\_\_\_ Signature of parent/legal guardian \_\_\_\_\_

Date of issuance: \_\_\_\_\_ year \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ Issued by: \_\_\_\_\_ Signature of school/district official \_\_\_\_\_

- School copy (original)  District copy  Parent/legal guardian copy

<sup>1</sup> The conditions under which an interim permit may be issued are defined in section 6.4 of Policy 706 – *Mandatory Immunization*.  
<sup>2</sup> Medicare numbers are used in emergency medical situations.  
<sup>3</sup> 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.  
<sup>4</sup> 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>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.

Student: \_\_\_\_\_ Home E-Mail Address: \_\_\_\_\_

After-School Arrangements: Name Address, Tel. No. \_\_\_\_\_

Child Lives with (please check). Include any pertinent Custodial information: \_\_\_\_\_

Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (please specify): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's First Language: \_\_\_\_\_ Year of Birth \_\_\_\_\_ Check if in School \_\_\_\_\_

Brothers' /Sisters' Names \_\_\_\_\_ Grade \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH RECORD**

Medical History: Please list any major accidents or surgery your child has had: \_\_\_\_\_

Health Concerns/Issues: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_  
Allergies: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_  
Vision or Hearing difficulty: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_  
Speech Therapy: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, specify \_\_\_\_\_

**BUS INFORMATION**

Nearest School Bus Stop: \_\_\_\_\_  
Bus Driver and Bus No. (a.m.) \_\_\_\_\_ Bus Driver & No. (p.m.) \_\_\_\_\_

In the event that school closes early (i.e. storm day closure) where do you want your child to be sent? \_\_\_\_\_

Person's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Tel: \_\_\_\_\_  
REGISTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

To facilitate the sharing of pertinent information intended to provide my son/daughter with pre-entry interventions and/or specific educational plan development, permission is granted for open communication between personnel from River Valley Health, Regional Health Authority 3, School District 14, and the Department of Social Development.

Name: (Please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Anglophone West School District  
Student Data Collection Form 2019-2020  
School: John Caldwell School

(For School Use Only)

Grade: \_\_\_\_\_  
Homeroom: \_\_\_\_\_  
Bus In: \_\_\_\_\_  
Bus Out: \_\_\_\_\_  
½ Day Bus: \_\_\_\_\_

This form is to verify that the information we currently have on file is correct. Review the information listed and make any changes required directly on this form. Should this information change during the school year, please advise the school office. Please sign and return this form to your child's homeroom teacher.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ (Last, First Middle)

Student's Mother's Maiden Name: \_\_\_\_\_

Gender: ( ) Female ( ) Male ( ) Non-binary

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM/DD/YYYY)

**Physical Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Community: \_\_\_\_\_

**Mailing Address**

Same as Physical Address: ( ) Yes ( ) No (If No please complete the information below)

Street Address/Apt.: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
Community: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**After School Information**

Does this student go home? ( ) Yes ( ) No

Caregiver: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Community: \_\_\_\_\_

**Additional Student Information**

Home Phone: ( ) - \_\_\_\_\_

Language spoken most often at home: \_\_\_\_\_

Other language spoken regularly at home: \_\_\_\_\_

**Student Contact (Parent/Guardian)**

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

Contact Valid For: (check all that apply)

[ ] School Closure [ ] Emergency [ ] Can Pick Up [ ] Parent/Guardian [ ] Mailing [ ] Lives With

Phone 1: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_ (e.g. Home, Mobile)

Phone 2: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Phone 3: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please use BLOCK LETTERS)

Employer: \_\_\_\_\_

Language First Learned: \_\_\_\_\_

**Physical Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Community: \_\_\_\_\_

**Mailing Address**

Same as Physical Address: ( ) Yes ( ) No (If No please complete the information below)

Street Address/Apt.: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
Community: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Student Contact (Parent/Guardian)**

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

Contact Valid For: (check all that apply)

[ ] School Closure [ ] Emergency [ ] Can Pick Up [ ] Parent/Guardian [ ] Mailing [ ] Lives With

Phone 1: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_ (e.g. Home, Mobile)

Phone 2: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Phone 3: ( ) - \_\_\_\_\_ Ext: \_\_\_\_\_ Type: \_\_\_\_\_

Email Address: \_\_\_\_\_ (Please use BLOCK LETTERS)

Employer: \_\_\_\_\_

Language First Learned: \_\_\_\_\_

**Physical Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Community: \_\_\_\_\_

**Mailing Address**

Same as Physical Address: ( ) Yes ( ) No (If No please complete the information below)

Street Address/Apt.: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
Community: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Student Contact (Other/Emergency/Weather Closure)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Contact Valid For: (check all that apply)  
[ ] School Closure [ ] Emergency [ ] Can Pick Up [ ] Parent/Guardian [ ] Mailing [ ] Lives With  
Phone 1: ( ) - Ext: \_\_\_\_\_ Type: \_\_\_\_\_ (e.g. Home, Mobile)  
Phone 2: ( ) - Ext: \_\_\_\_\_ Type: \_\_\_\_\_  
Phone 3: ( ) - Ext: \_\_\_\_\_ Type: \_\_\_\_\_  
Email Address: \_\_\_\_\_ (Please use BLOCK LETTERS)

Employer: \_\_\_\_\_

Language First Learned: \_\_\_\_\_

**Physical Address**

Street Address/Apt.: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Mailing Address**

Same as Physical Address: ( ) Yes ( ) No (If No please complete the information below)

Street Address/Apt.: \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
Community: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

*Please use a separate sheet to add more contacts if required.*

**Medical Information**

Medicare number: \_\_\_\_\_

Dr. Name: \_\_\_\_\_ Dr. Phone: ( ) - \_\_\_\_\_

Does this child have any life-threatening conditions (e.g. risk of anaphylactic shock)?

( ) Yes ( ) No --- If Yes, please describe.

If Yes, has a plan been developed with the school for managing this condition?

( ) Yes ( ) No --- If No, please contact the school to make an appointment.

Does this child require an EpiPen®?

( ) Yes ( ) No --- If Yes, ( ) Junior - Between 33 and 65 lbs. OR ( ) Regular - 66 lbs. or more

Does this child have any other medical concerns of which the school should be aware?

Is there any other information you would like us to have that would help us improve service to this child? (e.g. special services received, other professionals/agencies which are serving this child, etc.)

Signings  
Name

School Attending

**What do we do with student records**

In order to support learning, the public education system keeps a variety of information about students. Some of this information is kept permanently. It provides a record should it ever be needed in the individual's lifetime. This information includes: legal name, address, attendance, marks/grades, credits obtained, graduation status, transcript of marks, etc. Other types of information are also needed to provide a variety of services and supports to students. This second type of information is kept only as long as it is relevant to the services provided. It can include: standardized assessments, student work samples, clinical findings, comments of teachers, or other professionals, health information, current disciplinary letters/interventions, appeal records, copies of probation and custody orders, etc. Medicare numbers are used for research and registration purposes, and to verify proof of immunization in accordance with the Personal Health Information Privacy and Access Act. Use of student information falls into three categories: to help educators and other professionals provide direct service to the student; for research and planning activities that improve education or improve services related to the overall student development; and for administrative purposes. If you have any questions regarding the use of personal information in the school system, please contact the Director of Schools at your appropriate Education Centre.

**Custody Information**

Please note: Schools are required to provide, on request from non-custodial parents, information about a student's education, except where a court order prohibiting access of a parent to a child exists. If there is a current, valid court order prohibiting access to this child, the responsibility rests with the custodial parent to provide the school with a copy of this document. Please contact the school.

Signature of Parent/Guardian

Date



# Anglophone West School District

## KINDERGARTEN TRANSPORTATION REQUEST

Parents/Guardians:

Please complete this form  
and return it to the school.  
Thank you.

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

Home Address & postal code: \_\_\_\_\_

School: John Caldwell

- My child does not require daily transportation by school bus – we drop-off in the morning and pick-up in the afternoon.
- My child requires school bus transportation morning and afternoon to/from our home address. Indicate bus number if known: a.m. \_\_\_\_\_ p.m. \_\_\_\_\_
- My child requires school bus transportation mornings only from the same address each day – we pick-up after school:
  - from the home address above
  - alternate location: \_\_\_\_\_
- My child requires school bus transportation afternoons only to the same address each day – we drop-off in the mornings:
  - to the home address above
  - alternate location: \_\_\_\_\_
- My child requires school bus transportation from home in the mornings, and in the afternoon to one of two locations used consistently on the same days each week (rotational schedules are not accommodated):
  - primary location: \_\_\_\_\_ M T W Th F
  - alternate location: \_\_\_\_\_ M T W Th F
  - we require afternoon accommodation as stated above, however we transport the child to school in the morning
- My child is registered at/or attending this school as an alternate placement (out-of-zone), and if permission is granted, I understand transportation is my responsibility.

Special Instructions or Medical Information of which the driver should be aware:

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Parent/Guardian Names: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work/Other Phone Number: \_\_\_\_\_