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**ASD-N**

**Anglophone North School District**

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| **Student Data Collection Form** |
| **Newcomer & International** Student Pre-Registration for Admission to School |

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| INSTRUCTIONS FOR COMPLETING REGISTRATION FORM | |
| STUDENT INFORMATION | Please complete student information (as printed on passport). It is important to complete all information in the section, including the address of where the student will be living. |
| PARENT/GUARDIAN INFORMATION | Please complete the information of the parents, regardless of who the student will be living with. Mother’s name before marriage is used to identify student in the event there is another student with the same name. It is not necessary to provide employer or telephone information if the parent is living in a different country but please leave an email, if available. |
| CUSTODIAN INFORMATION | Please complete information in the box if the student will not be living with a Parent/Guardian. If a student is 19 or under, they **MUST** have a Custodian. It is important to provide all information. |
| EMERGENCY CONTACT /  AFTER SCHOOL INFORMATION / MEDICAL-HEALTH INFORMATION | Please complete as much as you can. Remainder of information will be completed as available. |
| SIBLINGS | If the student has siblings, please provide information. |
| STUDENT PROFILE | This information will help us to support student appropriately. |
| IMMIGRATION STATUS | What your status will be upon your arrival to the ASD-N school catchment area. |
| CONDITIONS AND AGREEMENT | Please go over this carefully with the student and sign/print as having read and agreed. |
| NOTE: If at any time any information on this form changes, it is your responsibility to inform the school and/or the ASD-N International Welcome Center of these changes. | |

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| Complete as much information on the form as possible |

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**ASD-N**

**Anglophone North School District**

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| FOR OFFICE USE | |
| SCHOOL: |  |
| GRADE: |  |
| START DATE: |  |

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| **Student Data Collection Form** |
| **Newcomer & International** Student Pre-Registration for Admission to School |

This form is to provide information to the school for the registration of your child. Should this information change during the school year, please advise the **School** or the **Newcomer & International Student Welcome Center:**

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| Complete as much information on the form as possible |

Complete and send electronically to: ASDN.Welcome@nbed.nb.ca

**OR**

mail to:

**ASDN Welcome Center**

78 Henderson Street

Miramichi, NB E1N 2R7

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| STUDENT INFORMATION (Please Print) |

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| Date of Entry to Canada | Click or tap here to enter text. | **OR** **Expected Date of Entry to Canada** | Click or tap here to enter text. |

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| Student Last Name  *(as printed on Passport)* | **First Name** | **Middle Name(s)** | **Preferred Name** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| Date of Birth (YY/MM/DD) | Click or tap here to enter text. | **Male** | **Female** | **Gender Independent** |

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| NEW BRUNSWICK ADDRESS | | | | | |
| Street Address | Click or tap here to enter text. | | | **Apt #** | Click or tap here to enter text. |
| City/Town/Village | Click or tap here to enter text. | **Province** | Click or tap here to enter text. | **Postal Code** | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- |
| MAILING ADDRESS | | | | | | |
| Same as Physical Address | | **Yes  No (If no, please complete the address information below)** | | | | |
| Street Address | Click or tap here to enter text. | | | | **Apt #** | Click or tap here to enter text. |
| City/Town/Village | Click or tap here to enter text. | | **Province/State** | Click or tap here to enter text. | | |
| Postal/Zip Code | Click or tap here to enter text. | | **Country** | Click or tap here to enter text. | | |

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| Language spoken most often at home | **Other Language(s) spoken regularly** | **Country of Origin** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| PARENT/GUARDIAN INFORMATION (Please Print) |

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| MOTHER | |
| Country of Origin | Click or tap here to enter text. |

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| Last Name | **First Name** | **Last Name (before marriage)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| Employer | **Email Address** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Phone (daytime) | Click or tap here to enter text. | **Phone (other)** | Click or tap here to enter text. |

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| Contact Valid For |
| School Closure  Emergency  Can Pick Up  Parent/Guardian  Mailings  Lives With |

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| --- | --- | --- | --- | --- | --- |
| MAILING ADDRESS | | | | | |
| Same as Student | **Yes  No (If no, please complete the address information below)** | | | | |
| Street Address | Click or tap here to enter text. | | | **Apt #** | Click or tap here to enter text. |
| City/Town/Village | Click or tap here to enter text. | **Province/State** | Click or tap here to enter text. | | |
| Postal/Zip Code | Click or tap here to enter text. | **Country** | Click or tap here to enter text. | | |

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| FATHER | |
| Country of Origin | Click or tap here to enter text. |

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| Last Name | **First Name** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Employer | **Email Address** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Phone (daytime) | Click or tap here to enter text. | **Phone (other)** | Click or tap here to enter text. |

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| Contact Valid For |
| School Closure  Emergency  Can Pick Up  Parent/Guardian  Mailings  Lives With |

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| MAILING ADDRESS | | | | | |
| Same as Student | **Yes  No (If no, please complete the address information below)** | | | | |
| Street Address | Click or tap here to enter text. | | | **Apt #** | Click or tap here to enter text. |
| City/Town/Village | Click or tap here to enter text. | **Province/State** | Click or tap here to enter text. | | |
| Postal/Zip Code | Click or tap here to enter text. | **Country** | Click or tap here to enter text. | | |

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| EMERGENCY CONTACT (Please Print) |

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| --- | --- |
| Last Name | **First Name** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Email Address |
| Click or tap here to enter text. |

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| Phone (daytime) | Click or tap here to enter text. | **Phone (other)** | Click or tap here to enter text. |

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| Contact Valid For |
| ☐ School Closure ☐ Emergency ☐ Can Pick Up ☐ Parent/Guardian ☐ Mailings ☐ Lives With |

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| CUSTODIAN INFORMATION (Please Print) |
| Complete this section ONLY if the student will be living with a Custodian and not a Parent |

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| PARENT’S PERMANENT ADDRESS IN HOME COUNTRY | | | | | |
| Street Address | Click or tap here to enter text. | | | **Apt #** | Click or tap here to enter text. |
| City/Town/Village | Click or tap here to enter text. | **Province/State** | Click or tap here to enter text. | | |
| Postal/Zip Code | Click or tap here to enter text. | **Country** | Click or tap here to enter text. | | |

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| --- | --- | --- | --- |
| Phone (including Country & City Codes) | Click or tap here to enter text. | **Phone (other)** | Click or tap here to enter text. |

☐ **The parents have appointed the following person as the LEGAL CUSTODIAN.**

* **I will provide NOTARIZED letters:**
* One signed by the parent in their home country and
* One signed by the Legal Custodian in Canada confirming the appointment
* **A Legal Custodian must be a Canadian Citizen or a Permanent Resident.**
* **I understand that the student may not start school until he/she provides the ASD-N with the notarized letters.**
* **Custodian must also complete and submit a Custody Letter of Agreement, provided by the School District**

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| CUSTODIAN | |
| Last Name | **First Name** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| Street Address | Click or tap here to enter text. | | **Apt #** | Click or tap here to enter text. |
| City/Town/Village | Click or tap here to enter text. | **Postal Code** | | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| Email | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |

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| HOMESTAY (if student not living with Custodian) | |
| Last Name | **First Name** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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| Email | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |

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| AFTER SCHOOL INFORMATION (Please Print) |

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| Does this student go home after school? | **☐ Yes ☐ No (If no, provide information below)** |

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| Name of Caregiver or after school program |
| Click or tap here to enter text. |

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| --- | --- | --- | --- | --- |
| Street Address | Click or tap here to enter text. | **Apt #** | Click or tap here to enter text. | |
| City/Town/Village | Click or tap here to enter text. | | **Postal Code** | Click or tap here to enter text. |

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| Phone (daytime) | Click or tap here to enter text. | **Phone (other)** | Click or tap here to enter text. |

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| MEDICAL/HEALTH INFORMATION (Please Print) |

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| New Brunswick Medicare # (if applicable) | Click or tap here to enter text. | **Expiry Date** | Click or tap here to enter text. |

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| MEDICAL INSURANCE PURCHASED PRIVATELY\* | | | |
| Name of Insurer | Click or tap here to enter text. | | |
| Certificate/Policy # | Click or tap here to enter text. | **Expiry Date** | Click or tap here to enter text. |
| *\*It is recommended you have private medical insurance if you do not have NB Medicare. Students living with a custodian must have proof of private medical insurance.* | | | |

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| Name of Doctor in NB | Click or tap here to enter text. | **Doctor Phone #** | Click or tap here to enter text. |

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| STUDENT MEDICAL CONDITIONS | | |
| Does the student have any life-threatening conditions (e.g. risk of anaphylactic shock)? | | **☐ Yes ☐ No** |
| If yes, please describe | | |
| Click or tap here to enter text. | | |
| If yes, has a plan been developed with the school for managing this condition?  *If no, please ensure you communicate this with the school personnel.* | | **☐ Yes ☐ No** |
| Does the student require an EpiPen? | **☐ Yes (if yes, please complete the EpiPen information below) ☐ No** | |
| Which EpiPen is required? | **☐ Junior (33-65 lbs.) ☐ Regular (66 lbs. and more)** | |

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| Does this child have any other medical concerns of which the school should be aware? | **☐ Yes ☐ No** |
| If yes, please describe | |
| Click or tap here to enter text. | |

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| 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.) |
| Click or tap here to enter text. |

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| SIBLINGS INFORMATION (Please Print) |

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| Siblings Name | **Date of Birth** | **School Attending (if applicable)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| STUDENT PROFILE |

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| Student can read in their first language | | **☐ Yes ☐ No** |
| Student can write in their first language | | **☐ Yes ☐ No** |
| Student has had formal English Language instruction | **☐ Yes. If yes, how many years? ☐ No** | |
| Student has had formal French Language instruction | **☐ Yes. If yes, how many years? ☐ No** | |
| Student can speak English fluently | | **☐ Yes ☐ No** |
| Student can speak French fluently | | **☐ Yes ☐ No** |
| Student can write English fluently | | **☐ Yes ☐ No** |
| Student’s parents/custodian can speak English | | **☐ Yes ☐ No** |

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| COMPLETE ALL THAT ARE APPROPRIATE | | |
| Last grade (K-12) student has completed |  | |
| Date student last attended school |  | |
| Did student study English? | **☐ Yes. If yes, how many years? ☐ No** | |
| IF STUDENT HAS NEVER BEEN IN SCHOOL | | |
| Did student attend English preschool? | **☐ Yes. If yes, how many years? ☐ No** | |
| Did student attend preschool in home country? | | **☐ Yes ☐ No** |

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| IMMIGRATION STATUS UPON ARRIVAL IN NEW BRUNSWICK |
| Parents Please Complete |

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| Are you a Canadian Citizen? | **☐ Yes ☐ No** |
| Are you a Provincial Nominee applicant? | **☐ Yes ☐ No** |
| Are you a Permanent Resident? | **☐ Yes (If yes, provide a copy of the document)**  **☐ No** |
| Country of citizenship |  |
| Do you have a work permit? | **☐ Yes (If yes, provide a copy of the document)**  **☐ No** |
| Do you have a University/College Study Permit?\* | **☐ Yes (If yes, provide a copy of the document)**  **☐ No** |
| Does the student need a Student Study Permit? | **☐ Yes (See tuition and registration fees below)**  **☐ No** |
| \*Please note if the parent has a Study Permit, a “Letter of Attendance” must be provided by the University or College, once their classes start. | |

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| THE FOLLOWING DOCUMENTATION IS REQUIRED BEFORE A CHILD STARTS SCHOOL |

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| DOCUMENTS NEEDED | |
| Appointment to be made when family/student arrive in the ASD-N school catchment area for completion of registration. The following will be required, at that time. Unless requested, please do not forward this information via email. | |
| ☐ | **Student’s Original Birth Certificate** (Certified translation to English if needed) |
| ☐ | **Proof of legal status in Canada (student)** (Please bring the original)  **For Canadian citizens, please bring:**   * Passport OR citizenship card OR birth certificate**.**   **For new immigrants /workers / students / refugees / diplomats, please bring:**   * Permanent Residence Card(s) and passport(s) **or** * Landing Paper and passport(s) **or** * Work Permit and passport(s)--with parent(s)' employment letter **or** * Study Permit and passport(s)--with parent(s)' program admission letter **or** * Refugee Claimant Paper **or** * Diplomatic Card and passport(s) |
| ☐ | **Proof of address or local phone number**   * Purchase agreement if you have just bought a new home   **OR**   * Formal rental or lease agreement; recent power, cable or telephone bill |
| ☐ | **Proof of immunization records or have appointments to have this completed** (translated to English if needed) |
| ☐ | **Proof of Medicare or medical insurance** (for duration of studies) |
| ☐ | **Student transcript** (report card) in English   * K-8- Reports cards for most recent academic year * High School- All report cards/transcripts from grade 9 |
| ☐ | **Notarized Custodian agreement or any other relevant documents such as court order involving guardianship, divorce, separation, Parental Consent to Travel** (if applicable) |
| ☐ | **Tuition fee in Canadian Dollars** (if applicable) |

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| PLEASE SEND PRE-REGISTRATION FORM TO: |  | **TUITION AND REGISTRATION FEES (for International Students in Canadian Dollars)**  **PLEASE NOTE: We do not accept credit cards or electronic transfers** |
| Email:  [ASDN.Welcome@nbed.nb.ca](mailto:ASDN.Welcome@nbed.nb.ca)  OR  Mail to:  Adam Hayward  ASDN Welcome Center  78 Henderson Street  Miramichi, NB, Canada  E1N 2R7 |
| **IF APPLICABLE:**   * Payment of $15,636.00 for September 2021 to June 2022 may be made in two installments of $7818.00 in August 2021 and January 2022.Make cheque or bank draft payable to **Minister of Finance**   **MAIL OR DELIVER CHEQUE TO:**  Krista Cabel  Literacy/EAL Subject Coordinator Anglophone North School District 78 Henderson St Miramichi, NB, Canada E1N 2R7 |

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| Anglophone North School District (ASD-N) will make the final decision about grade and school enrollment |