



Halifax Regional  
School Board

SCHOOL: Citadel High School



Date of Enrolment (Month/Day/Year):	
School Attended Last Year (if different):	Grade:

**PROGRAM INFORMATION\* [Choose one of the following]**

<input type="checkbox"/> English Program	<input type="checkbox"/> French Immersion
<input type="checkbox"/> Senior High English Options and Opportunities O <sub>2</sub>	

\*Note: Contact school administration for assistance completing this section, if needed.

**STUDENT INFORMATION**

<b>LEGAL NAME (as listed on birth certificate, passport, immigration papers, legal name change certificate, or adoption documents )</b>		
Last:	First:	Middle:
Preferred:		
Date of Birth: Month _____ Day _____ Year _____	Proof for Date of Birth (must be presented to Office): <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Adoption Documents <input type="checkbox"/> Verification Pending	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other	Grade:	
PSM # (Completed by Office):	Out of Area? (Completed by Office): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Civic Address (Street, Apt):	Community or City/Town, Province & Postal Code:	
Mailing Address (Street, Apt)(if different from civic address):	Mailing Address - Community or City/Town, Province & Postal Code:	
Home Phone:	Student email:	
Student's Cell Phone:		
Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Most Often Spoken in the Home: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Arabic <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____	

**PARENT / GUARDIAN INFORMATION**

<b>PARENT/GUARDIAN 1</b>	<b>PARENT/GUARDIAN 2</b>
Name (Last, First):	Name (Last, First):
Relationship:	Relationship:
<b>Civic Address (if different from student):</b>	
Civic Address (Street, Apt):	Civic Address (Street, Apt):
Community or City/Town, Province & Postal Code:	Community or City/Town, Province & Postal Code:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:
Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French
Language Most Often Spoken in the Home: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Arabic <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Arabic <input type="checkbox"/> Gaelic <input type="checkbox"/> Other, please specify _____

**CUSTODY ARRANGEMENTS [Appropriate documentation should be provided]**

Are special custody arrangements requested for this student at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description/Details (including any special instructions):

**EMERGENCY CONTACT(S) [Other than Parent(s)/Guardian(s)]**

Contact 1	Contact 2	Contact 3
Name (Last, First):	Name (Last, First):	Name (Last, First):
Relationship:	Relationship:	Relationship:
Home Phone:	Home Phone:	Home Phone:
Work Phone:	Work Phone:	Work Phone:
Cell Phone:	Cell Phone:	Cell Phone:
Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French	Language Comprehension: <input type="checkbox"/> English <input type="checkbox"/> French
Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other please specify _____	Language Most Often Spoken in the Home: <input type="checkbox"/> Arabic <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Mi'kmaw <input type="checkbox"/> Gaelic <input type="checkbox"/> Other please specify _____

**MEDICAL INFORMATION [please update school annually]**

Doctor's Name:	Doctor's Phone:	Provincial Health Card No.:	Health Card Expiry Date (mm/dd/yyyy):
Does your child have any potential, life-threatening medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>YES*</b> , please check one or more of the following:			
<input type="checkbox"/> Allergies (Severe Allergic Reaction)	<input type="checkbox"/> Anxiety/Depression		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Heart Condition		
<input type="checkbox"/> Flight Risk (due to diagnosed medical condition)			
<input type="checkbox"/> Other potential, life-threatening medical condition, please specify: _____			
<b>*Note:</b> Please contact a school official to complete an Individual Health/Emergency Care Plan.			
Please specify any medications as well as medical response and instructions that may be necessary:			
Does your child have special needs which may require individual programming? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>YES</b> , please specify:			
Does your child require assistance during an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**SIBLINGS**

Please list all children in your family who attend school. If you require additional space, please attach a separate page.		
Name (Last, First)	Grade	School

**TRANSPORTATION [To be completed by Parents or the School Office]**

Special Needs Transportation required? <input type="checkbox"/> Yes <input type="checkbox"/> No

**INTERNATIONAL/IMMIGRANT STUDENT INFORMATION**

Please select one of the following:

**Nova Scotia International Student Program (NSISP) Participant:**  
 Students who attend a school in Nova Scotia as a participant in NSISP. NSISP students live with a host family, have medical insurance, and pay tuition to attend school. Students are eligible to receive high school credits and the Nova Scotia High School Graduation Diploma if credit requirements have been achieved. **\*These students are enrolled at the school by their NSISP Homestay Coordinator.**

**Exchange Student:**  
 Students who have registered with an approved company or organization to attend school in Nova Scotia. For a complete list of eligible companies, please consult the list published by the EECD. Students must provide proof of medical insurance. Exchange students are not eligible to graduate from a NS high school. **\*Student must have letter of acceptance issued by HRSB to be enrolled**

**Fee-paying Students (excluding NSISP and Exchange Students):**  
 Students who have obtained their own Study Permit (issued by Citizenship and Immigration Canada) to attend school or students who are studying for less than 6 months without a Study Permit. These students live with a relative, family friend or an arranged custodian. **\*Student must have letter of acceptance issued by HRSB to be enrolled**

**Permanent Resident Student (Non-tuition paying students):**  
 Parent(s)/student(s) are not yet citizens; includes refugees and refugee claimants.  
 Parents are asked to provide proof of the student's immigration status (one of the following):

- Record of Landing (IMM1000), confirmation of Permanent Residence (IMM5292), or Permanent Resident Card  
 Expiry Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Temporary Resident Student (Non-tuition paying students):**  
 Parent(s) are in Canada and have either a Work Permit or Study Permit. If the parent's Work Permit is for longer than 12 months, the family is eligible for MSI Health Insurance immediately.

Parent Work Permit                                      Expiry Date of Permit:  
 Parent Study Permit    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**\*All corresponding documents need to be verified by the HRSB at which time a Letter of Accetance will be granted.**

Country of Origin:	Medical Insurance:
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**Vice Principal Signature:**

**SELF-IDENTIFICATION [Completion of the Aboriginal Identity and Ancestry categories is voluntary.]**

Parents/Guardians and/or students are encouraged to self-identify. By doing so, this enables the Department of Education and Early Childhood Development and School Boards to have a greater awareness of the diversity of the student population and the communities served and to better meet the educational needs of students. It should be noted that ethnic or cultural identity should not be confused with nationality

**ABORIGINAL IDENTITY**

For the purpose of this form, Aboriginal Peoples are persons who consider themselves to be First Nations, Métis, or Inuit.

**YES, student is considered to be an Aboriginal person. (please check all boxes that apply)**

**Status:**

- Status On-Reserve
- Non-Status On-Reserve
- Status Off-Reserve
- Non-Status Off-Reserve
- Inuit, please specify community: \_\_\_\_\_
- Métis, please specify community: \_\_\_\_\_

**First Nation (Band) please identify:**

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> Acadia                                      | <input type="checkbox"/> Annapolis Valley | <input type="checkbox"/> Bear River |
| <input type="checkbox"/> Eskasoni                                    | <input type="checkbox"/> Glooscap         | <input type="checkbox"/> We'koqma'q |
| <input type="checkbox"/> Membertou                                   | <input type="checkbox"/> Millbrook        | <input type="checkbox"/> Paq'tnkek  |
| <input type="checkbox"/> Pictou Landing                              | <input type="checkbox"/> Potlotek         | <input type="checkbox"/> Wagmatcook |
| <input type="checkbox"/> Sipekne'katik (Indian Brook)                |   |                                     |
| <input type="checkbox"/> Non-Nova Scotia Band, please specify: _____ |   |                                     |

**ANCESTRY**

Please indicate the ancestry with which the student most identifies.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Acadian descent  | <input type="checkbox"/> African descent (Black) | <input type="checkbox"/> Asian descent                          | <input type="checkbox"/> East Asian descent |
| <input type="checkbox"/> European descent | <input type="checkbox"/> Middle Eastern descent  | <input type="checkbox"/> Not listed above, please specify _____ |   |

**I/we certify that all of the information on this registration form to be correct.**

X \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Parent/Guardian Signature  
 Vice Principal Signature  
 Date