



Student Data Collection Form

Newcomer & International Student Pre-Registration for Admission to School

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.

Complete as much information on the form as possible



ASD-N

Anglophone North School District

FOR OFFICE USE

SCHOOL:	
GRADE:	
START DATE:	

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**:

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

STUDENT INFORMATION (Please Print)

Date of Entry to Canada		<u>OR</u> Expected Date of Entry to Canada	
Student Last Name <i>(as printed on Passport)</i>	First Name	Middle Name(s)	Preferred Name
Date of Birth (YY/MM/DD)		<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Gender Independent
NEW BRUNSWICK ADDRESS			
Street Address			Apt #
City/Town/Village	Province		Postal Code
MAILING ADDRESS			
Same as Physical Address	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, please complete the address information below)</i>		
Street Address			Apt #
City/Town/Village	Province/State		
Postal/Zip Code	Country		
Language spoken most often at home	Other Language(s) spoken regularly	Country of Origin	

PARENT/GUARDIAN INFORMATION (Please Print)

MOTHER

Country of Origin	
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Last Name	First Name	Last Name (before marriage)

Employer	Email Address

Phone (daytime)	Phone (other)

Contact Valid For

School Closure
 Emergency
 Can Pick Up
 Parent/Guardian
 Mailings
 Lives With

MAILING ADDRESS

Same as Student	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please complete the address information below)
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Street Address	Apt #	

City/Town/Village	Province/State	

Postal/Zip Code	Country	

FATHER

Country of Origin	
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Last Name	First Name

Employer	Email Address

Phone (daytime)	Phone (other)

Contact Valid For

School Closure
 Emergency
 Can Pick Up
 Parent/Guardian
 Mailings
 Lives With

MAILING ADDRESS

Same as Student	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please complete the address information below)
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Street Address	Apt #	

City/Town/Village	Province/State	

Postal/Zip Code	Country	

EMERGENCY CONTACT (Please Print)

Last Name		First Name	
Email Address			
Phone (daytime)		Phone (other)	
Contact Valid For			
<input type="checkbox"/> School Closure <input type="checkbox"/> Emergency <input type="checkbox"/> Can Pick Up <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Mailings <input type="checkbox"/> Lives With			

CUSTODIAN INFORMATION (Please Print)

Complete this section ONLY if the student will be living with a Custodian and not a Parent

PARENT'S PERMANENT ADDRESS IN HOME COUNTRY			
Street Address			Apt #
City/Town/Village	Province/State		
Postal/Zip Code	Country		
Phone (including Country & City Codes)		Phone (other)	
<input type="checkbox"/> The parents have appointed the following person as the LEGAL CUSTODIAN . <ul style="list-style-type: none"> • I will provide NOTARIZED letters: <ul style="list-style-type: none"> ○ 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 			
CUSTODIAN			
Last Name		First Name	
Street Address			Apt #
City/Town/Village			Postal Code
Email		Phone	
HOMESTAY (if student not living with Custodian)			
Last Name		First Name	
Email		Phone	

AFTER SCHOOL INFORMATION (Please Print)

Does this student go home after school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, provide information below)
Name of Caregiver or after school program		
Street Address		Apt #
City/Town/Village		Postal Code
Phone (daytime)		Phone (other)

MEDICAL/HEALTH INFORMATION (Please Print)

New Brunswick Medicare # (if applicable)		Expiry Date	
MEDICAL INSURANCE PURCHASED PRIVATELY*			
Name of Insurer			
Certificate/Policy #		Expiry Date	
<i>*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.</i>			

Name of Doctor in NB		Doctor Phone #	
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STUDENT MEDICAL CONDITIONS

Does the student have any life-threatening conditions (e.g. risk of anaphylactic shock)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	

If yes, has a plan been developed with the school for managing this condition? <i>If no, please ensure you communicate this with the school personnel.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Does the student require an EpiPen?	<input type="checkbox"/> Yes (if yes, please complete the EpiPen information below) <input type="checkbox"/> No
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Which EpiPen is required?	<input type="checkbox"/> Junior (33-65 lbs.) <input type="checkbox"/> Regular (66 lbs. and more)
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Does this child have any other medical concerns of which the school should be aware?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please describe

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.)

SIBLINGS INFORMATION (Please Print)

Siblings Name	Date of Birth	School Attending (if applicable)

STUDENT PROFILE

Student can read in their first language	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student can write in their first language	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student has had formal English Language instruction	<input type="checkbox"/> Yes. If yes, how many years? <input type="checkbox"/> No
Student has had formal French Language instruction	<input type="checkbox"/> Yes. If yes, how many years? <input type="checkbox"/> No
Student can speak English fluently	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student can speak French fluently	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student can write English fluently	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student's parents/custodian can speak English	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETE ALL THAT ARE APPROPRIATE

Last grade (K-12) student has completed	
Date student last attended school	
Did student study English?	<input type="checkbox"/> Yes. If yes, how many years? <input type="checkbox"/> No
IF STUDENT HAS NEVER BEEN IN SCHOOL	
Did student attend English preschool?	<input type="checkbox"/> Yes. If yes, how many years? <input type="checkbox"/> No
Did student attend preschool in home country?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMMIGRATION STATUS UPON ARRIVAL IN NEW BRUNSWICK

Parents Please Complete

Are you a Canadian Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Provincial Nominee applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Permanent Resident?	<input type="checkbox"/> Yes (If yes, provide a copy of the document) <input type="checkbox"/> No
Country of citizenship	
Do you have a work permit?	<input type="checkbox"/> Yes (If yes, provide a copy of the document) <input type="checkbox"/> No
Do you have a University/College Study Permit?*	<input type="checkbox"/> Yes (If yes, provide a copy of the document) <input type="checkbox"/> No
Does the student need a Student Study Permit?	<input type="checkbox"/> Yes (See tuition and registration fees below) <input type="checkbox"/> 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.

THE FOLLOWING DOCUMENTATION IS REQUIRED BEFORE A CHILD STARTS SCHOOL

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, <u>at that time</u> . Unless requested, please do not forward this information via email.	
<input type="checkbox"/>	Student's Original Birth Certificate (Certified translation to English if needed)
<input type="checkbox"/>	Proof of legal status in Canada (student) (Please bring the original) For Canadian citizens, please bring: <ul style="list-style-type: none"> Passport OR citizenship card OR birth certificate. For new immigrants /workers / students / refugees / diplomats, please bring: <ul style="list-style-type: none"> 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)
<input type="checkbox"/>	Proof of address or local phone number <ul style="list-style-type: none"> Purchase agreement if you have just bought a new home <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Formal rental or lease agreement; recent power, cable or telephone bill
<input type="checkbox"/>	Proof of immunization records or have appointments to have this completed (translated to English if needed)
<input type="checkbox"/>	Proof of Medicare or medical insurance (for duration of studies)
<input type="checkbox"/>	Student transcript (report card) in English <ul style="list-style-type: none"> K-8- Reports cards for most recent academic year High School- All report cards/transcripts from grade 9
<input type="checkbox"/>	Notarized Custodian agreement or any other relevant documents such as court order involving guardianship, divorce, separation, Parental Consent to Travel (if applicable)
<input type="checkbox"/>	Tuition fee in Canadian Dollars (if applicable)

PLEASE SEND PRE-REGISTRATION FORM TO:
Email: ASDN.Welcome@nbed.nb.ca
OR
Mail to: Adam Hayward ASDN Welcome Center 78 Henderson Street Miramichi, NB, Canada E1N 2R7

TUITION AND REGISTRATION FEES (for International Students in Canadian Dollars)
PLEASE NOTE: We do not accept credit cards or electronic transfers
IF APPLICABLE: <ul style="list-style-type: none"> 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

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