PARISH / SCHOOL LOGO

[SCHOOL / PROGRAM NAME]

Student Enrollment Form

[SCHOOL YEAR] School Year

Thank you for enrolling your child in **[SCHOOL / PROGRAM NAME]**. The information on this form is collected so that we can enroll your child, communicate with your family, support your child's safe participation, and administer the school program.

Please provide only information that is relevant to your child's participation in the school program. *** Required field**

1. STUDENT INFORMATION

Student's Full Name *

Preferred Name, if different

Date of Birth *

Current Grade / School Year *

Home Parish, if applicable

2. PARENT / GUARDIAN INFORMATION

Please provide the contact information for the parent or guardian who should receive the program's primary communications.

Parent / Guardian 1

Full Name *

Relationship to Student *

Email Address *

Phone Number *

Parent / Guardian 2, if applicable

Full Name

Relationship to Student

Email Address

Phone Number

3. EMERGENCY CONTACT

Please provide an emergency contact other than the parent or guardian listed above, if available.

Emergency Contact Name

Relationship to Student

Phone Number

4. HEALTH & SUPPORT INFORMATION

We ask only for information that may help us support your child safely and appropriately while participating in the school program.

Allergies, Medical Concerns & Emergency Medication

Does your child have any allergies, medical concerns, or emergency medication needs that school personnel should know about? *****

○ No ○ Yes

If yes, please provide the information we need to know to support your child safely:

If emergency medication may be needed during the school program, please include any important instructions that school personnel should know.

Learning, Accessibility & Other Support

Does your child have any learning, communication, sensory, mobility, accessibility, behavioural, or other support needs that would be helpful for the teacher to know about? *****

○ No ○ Yes

If yes, please tell us anything that would help your child participate comfortably and successfully:

Please provide only information that is useful to your child's participation. A diagnosis is not required unless you believe it is important for us to know.

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5. PHOTOGRAPHY & MEDIA PERMISSION

Photographs or recordings may occasionally be taken during school activities for parish or school communications.

I give permission for **[SCHOOL / PROGRAM NAME]** and **[PARISH NAME]** to photograph or record my child during school activities and to use those photographs or recordings in school or parish communications, which may include printed materials, newsletters or email, the parish or school website, and official social media. *

○ Yes, I give permission. ○ No, I do not give permission.

A child's full name will not be published with a photograph or recording unless separate permission is obtained. Choosing **No** will not affect your child's participation in the school program.

6. EMERGENCY RESPONSE ACKNOWLEDGEMENT

☐ I understand that if my child becomes ill or is injured during a school activity, parish or school personnel will provide reasonable assistance within their training, make reasonable efforts to contact a parent or guardian, and contact emergency medical services when they believe urgent assistance is required.

7. SCHOOL & PARISH EXPECTATIONS

☐ I understand that my child's participation is subject to the reasonable policies, safety requirements, and program expectations of **[SCHOOL / PROGRAM NAME]** and **[PARISH NAME]** as communicated to families.

Applicable policy / handbook reference: [POLICY / HANDBOOK REFERENCE]

8. PARENT / GUARDIAN DECLARATION

I confirm that the information provided on this enrollment form is accurate and complete to the best of my knowledge.

I understand that I should notify **[SCHOOL / PROGRAM NAME]** if important contact, health, support, or emergency information changes during the school year.

I understand that the information provided on this form will be used for the administration of my child's participation in the school program as described above.

I confirm that I am the student's parent or legal guardian, or that I am otherwise authorized to submit this enrollment.

Parent / Guardian Name *

Signature / Electronic Confirmation *

If completing this form electronically, type your full name above as your confirmation. If completing the printed form, please sign above.

Date *

☐ I confirm the declaration above and submit this enrollment for my child.