Welcome to Harrison Trimble High School

Registration process

5 pages (attached)

Step 1: Fill out registration form in the main office and provide the following:

- Medicare card
- Birth certificate
- Proof of address (formal lease, utility bill, bank statement, credit card statement, property tax assessment bill)
- Students last report card
- Current student school schedule (if applicable)

**All of these items must be provided before we can move forward to step 2*

Step 2: School administration will review the registration form and appropriate documentation.

Step 3: Pending approval of entry by administration during step 2, the information will be entered into the system.

Step 4: Once the registration information has been entered into the school database, the student will be contacted by a school counselor to schedule a meeting.

*please sign & date all documents

Thank you! ☺

CUSTODY INFORMATION

Please note: *By law, schools are required to provide, on request from non-custodial parents, information about a student's education, except when 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 for the appropriate form.

***Name of non-custodial parent, if applicable:

_____

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, 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 or custody orders, etc. Medicare numbers are used in emergency situations and to make sure students' information is properly identified and can be retrieved when it is needed.

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 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 Education in your school district.

For further information on programs and services offered by School District 2, please telephone (506) 856-3222 or visit our wed page at www.district2.nbed.nb.ca. We look forward to working with you and your child.

"School District 2 -- Providing Quality Education"

Please notify the school of any changes occurring during the school year.

Signature: _____

Date: _____

STUDENT REGISTRATION FORM

(A student can only be registered at one school)

Please print:

STUDENT INFORMATION

Registration for _____ School

Student's Legal Name:

(Last Name)_____

(First Name)_____

(Middle Name)_____

(Mother's Maiden Name)_____

(For School use only)
School Number:
Grade:
Homeroom:
Teacher:
Bus AM:
Bus PM:
½ Day Bus:

Medicare #:_____ **Medicare Exp. Date** _____

Birthdate: _____

Gender (M/F):_____

Home Phone #: _____ **Cell Phone #:**_____

Address: (Proof of address is required – Any one of: formal lease/ utility bill/ bank statement / credit card statement / property tax assessment bill)

House or 911 #: _____

Highway Route #: _____

Street Name: _____

Apartment #: _____

Subdivision: _____

City/Town: _____

Postal Code: _____

Previous School: _____

Program – check one: ( ) English Program
( ) Late Immersion
( ) Early Immersion – only available if currently enrolled

Language Spoken in the Home _____

Mother's mother tongue _____

Father's mother tongue _____

After School Information:

Does your child go home after school? Yes ( ) No ( )

If no, where does your child go?

Name: _____

Address: _____

Phone #: _____

The following information must be on file at the school.

_____ **Immunization Records**

_____ **Medicare**

_____ **Birth Certificate**

_____ **Proof of Address**

CONTACT INFORMATION

Child lives with: (check one)
( ) both parents ( ) mother ( ) father
( ) joint custody ( ) guardian
other (specify) _____

Custodial Restrictions – Please provide legal documentation

Siblings:

Name	Date of Birth (M/D/Y)
1.	
2.	
3.	
4.	

Mother / Guardian
Name:
Phone #:
Work Phone: (for emergencies only)
Cell Phone #:
Address:
Postal Code:
E-mail Address:

Father / Guardian
Name:
Phone :
Work Phone: (for emergencies only)
Cell Phone #:
Address:
Postal Code:
E-mail Address:

Other Contacts: please give two (2) names in the school community for emergency purposes during daytime hours:
(when parent is not available)

Name:
Relation to Child:
Home Phone:
Cell Phone:

Name:
Relation to Child:
Home Phone:
Cell Phone:

MEDICAL INFORMATION

Does this child have any life-threatening condition (e.g. risk of anaphylactic shock)?
( ) NO ( ) YES – please describe:

If YES, has a plan been developed with the school for managing this condition?
( ) YES ( ) NO – please contact the school to make an appointment

Does this child require an EpiPen®?
( ) NO ( ) YES – if YES, please ensure that your child wears an EpiPen® (e.g. in a pouch around the waist and a Medic Alert® bracelet at all times.

Junior (under 14 kilograms)
Regular/Adult (over 14 kilograms)

Does this child have any other medical concerns or allergies?

Doctor's Name: _____

Phone #: _____

Is your child on any medication? ( ) yes ( ) no
If yes, what medication(s) are being taken by your child?

Has your child ever received any of the following services?

_____ Occupational Therapy
_____ Headstart
_____ Speech/Language Therapy
_____ Family & Early Childhood Services
_____ Physiotherapy
_____ ABA Therapy

Other – Please specify -

~~See over~~...

New Nouveau Brunswick

REQUEST FOR TRANSFER OF STUDENT RECORD FORM
(within the New Brunswick public education system)

Please use this form to request documentation for all new students arriving in your school.

Student Information:

Student's legal name: _____

Student's preferred name: _____

Date of birth: _____ NBEN: _____
YYYY/MM/DD

Program: _____ Grade: _____ Gender: _____

Receiving School:

District number: 02 School number: 1517

School name: Harrison Trimble High School

School address: 80 Echo Drive, Moncton, NB E1C 3H8

School phone number: 506-856-3417 School fax number: 506-856-3480

Date of arrival: _____ Signed by: _____
YYYY/MM/DD

Sending School:

District number: _____ School number: _____

School name: _____

School address: _____

School phone number: 506-_____ Date sent: _____
YYYY/MM/DD

Parental consent:
Please send all the relevant information/documentation concerning my child to his/her new school.

Date: _____ Signed by: _____
Parent/Guardian

Principal verification (sending school):
I confirm that the documents were released to the student's new school.

Date: _____ Signed by: _____
Principal/Designate

Registration Intake Form

Student Name: _____ Student Cell Phone: _____

Person who came to register with student: _____ Relationship: _____

Why are you transferring to HTHS?

Have you notified your previous school that you are transferring?

Are you transferring from the Francophone School District? ☐ Yes ☐ No

If yes, has application been made to ASD-E? ☐ Yes ☐ No

(Attach paperwork to registration form)

Have you been attending classes? If no, when was the last time you attended classes regularly?

Were you on a partial schedule?

Do you follow a SEP (Special Education Plan)?

- ☐ PLP (Personal Learning Plan)
- ☐ ISD (Integrated Service Delivery)
- ☐ Educational Assistant
- ☐ Resource
- ☐ Other

How are you planning to get to school? Eligible for Bussing? ☐ Yes ☐ No

- ☐ Parent will drive
- ☐ Bus
- ☐ Walking Student
- ☐ Student will drive
- ☐ Other

Legal Parent/Guardian

- ☐ Mom
- ☐ Dad
- ☐ Grandparents
- ☐ Independent Student (Student is followed by Social Services?) ☐ Yes ☐ No
- ☐ Other _____

If guardian is someone other than parent, they must provide documentation showing guardianship of student.

Office to verify the following information:

- ☐ Registration completely filled out and signed by legal parent/guardian
- ☐ Parent phone number
- ☐ Permit if required
- ☐ Birth Certificate or Passport
- ☐ Medicare # or proof of application for Medicare
- ☐ Immunization Record
- ☐ Proof of Address
- ☐ Most recent report card
- ☐ Transcript (required if coming from outside of ASD-E)
- ☐ Current Schedule
- ☐ Primary address is within HTHS catchment

Does this student need to register through the International Welcome Centre?

- Student born in Canada who does not speak English as their home language
- Student born outside of Canada regardless of language spoken at home.