

**SCHOOL ENTRY PERMIT**  
DEPARTMENT OF EDUCATION



**School use only**

Regular

Interim<sup>1</sup> – valid for only 120 calendar days following school entrance

Name of school: \_\_\_\_\_

Student's legal name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Middle Last

Student's preferred name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if applicable) First Middle Last

Medicare:<sup>2</sup> \_\_\_\_\_  Parent/legal guardian agrees that the Medicare number can be used by the Department of Education, only if necessary, to resolve ambiguities.

Date of birth: \_\_\_\_\_ Year Month Day Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's mother's maiden name: \_\_\_\_\_ (to help keep student's records unique)

**Proof of Age:<sup>3</sup>**

Birth Certificate No. \_\_\_\_\_

Passport No. \_\_\_\_\_

Driver's license No. \_\_\_\_\_

Other: \_\_\_\_\_ (specify)  
 No. \_\_\_\_\_

**Required Immunizations:<sup>4</sup>**

Complete

Incomplete\*

Medical exemption\*

Religious or Moral exemption\*

\* Documentation required – refer to *Policy 706*

This section is to be completed by a health care professional.

**Primary address for student<sup>5</sup>**

**Parent / Legal Guardian / Independent student:**

\_\_\_\_\_  
Legal first name Legal last name

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City Province Postal Code

**Phone:** (\_\_\_\_) \_\_\_\_\_ (daytime)  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

**Parent / Legal Guardian:**

\_\_\_\_\_  
Legal first name Legal last name

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City Province Postal Code

**Phone:** (\_\_\_\_) \_\_\_\_\_ (daytime)  
 (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_)

Other information (e.g. medical, program of study): \_\_\_\_\_

I, \_\_\_\_\_ parent/legal guardian of the above-named student, declare that the information provided is accurate to the best of my knowledge and that I am a resident of the Province of New Brunswick.

\_\_\_\_\_  
 Signature of parent / legal guardian / independent student

\_\_\_\_\_  
 Signature of parent/legal guardian

**Date of Issuance:** \_\_\_\_\_  
year month day

**Issued by:** \_\_\_\_\_  
Signature of school/district official

School copy (original)  District copy  Parent/legal guardian copy

<sup>1</sup> The conditions under which an interim permit may be issued are defined in section 6.4 of Policy 706 – *Mandatory Immunization*.  
<sup>2</sup> Medicare numbers are used in emergency medical situations.  
<sup>3</sup> Documents recognized as proof of age and identity are: birth certificate, passport and/or driver's license. Other documents may include immigration documents or a certificate issued by another Canadian provincial government indicating the date of birth.  
<sup>4</sup> Section 10(1) of the *Education Act* requires superintendents to refuse admission to a pupil unless satisfactory proof of immunizations required under the *Health Act* is provided.  
<sup>5</sup> A student may have only one primary address in the student information system. In cases of joint custody, parents must decide which address will be recorded as the primary address.