

## Student Data Collection Form

### Newcomer & International Student Pre-Registration for Admission to School

#### INSTRUCTIONS FOR COMPLETING REGISTRATION FORM

|                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>STUDENT INFORMATION</b>                                                       | 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.                                                                                                                                                                                            |
| <b>PARENT/GUARDIAN INFORMATION</b>                                               | 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. |
| <b>CUSTODIAN INFORMATION</b>                                                     | 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 <b><u>MUST</u></b> have a Custodian. It is important to provide all information.                                                                                                                                                             |
| <b>EMERGENCY CONTACT / AFTER SCHOOL INFORMATION / MEDICAL-HEALTH INFORMATION</b> | Please complete as much as you can. Remainder of information will be completed as available.                                                                                                                                                                                                                                                                                    |
| <b>SIBLINGS</b>                                                                  | If the student has siblings, please provide information.                                                                                                                                                                                                                                                                                                                        |
| <b>STUDENT PROFILE</b>                                                           | This information will help us to support student appropriately.                                                                                                                                                                                                                                                                                                                 |
| <b>IMMIGRATION STATUS</b>                                                        | What your status will be upon your arrival to the Greater Saint John area.                                                                                                                                                                                                                                                                                                      |
| <b>CONDITIONS AND AGREEMENT</b>                                                  | 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 Newcomer and International Student Center of these changes.

**Complete as much information on the form as possible**



| FOR OFFICE USE ONLY |        |          |     |        |                   | SLIFE   |
|---------------------|--------|----------|-----|--------|-------------------|---------|
| SCHOOL:             |        |          |     |        |                   |         |
| GRADE:              |        |          |     |        |                   | ESS     |
| START DATE:         |        |          |     |        |                   |         |
| FOLLOW UP:          | EYE-DA | Screener | EAL | Busing | Previous Province | Tuition |
|                     |        |          |     |        |                   |         |

## 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 [asds.niswc@nbed.nb.ca](mailto:asds.niswc@nbed.nb.ca)

**OR**

mail to:

Newcomer & International Student Welcome Centre  
Anglophone South School District  
490 Woodward Avenue  
Saint John, NB, Canada, E2K 5N3

### STUDENT INFORMATION (Please Print)

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

## PARENT/GUARDIAN INFORMATION (Please Print)

| PARENT / GUARDIAN 1                                                                                                                                                                                                            |                                                                                                           |                             |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------|
| Origin of Birth                                                                                                                                                                                                                | Select Country                                                                                            |                             |                                                                       |
| Last Name                                                                                                                                                                                                                      | First Name                                                                                                | Last Name (before marriage) |                                                                       |
|                                                                                                                                                                                                                                |                                                                                                           |                             |                                                                       |
| Personal Email Address                                                                                                                                                                                                         |                                                                                                           | Employer                    |                                                                       |
|                                                                                                                                                                                                                                |                                                                                                           |                             |                                                                       |
| Phone (home)                                                                                                                                                                                                                   |                                                                                                           | Phone (mobile)              |                                                                       |
| You May Contact Me 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 |                                                                                                           |                             |                                                                       |
| MAILING ADDRESS                                                                                                                                                                                                                |                                                                                                           |                             |                                                                       |
| Same as Student                                                                                                                                                                                                                | <input type="radio"/> Yes <input type="radio"/> No (If no, please complete the address information below) |                             |                                                                       |
| Street Address                                                                                                                                                                                                                 |                                                                                                           |                             | Apt # <span style="border: 1px solid black; padding: 0 5px;"> </span> |
| City/Town/Village                                                                                                                                                                                                              |                                                                                                           | Province/State              | Select Province or State                                              |
| Postal/Zip Code                                                                                                                                                                                                                |                                                                                                           | Country                     | Select Country                                                        |

| PARENT / GUARDIAN 2                                                                                                                                                                                                            |                                                                                                           |                |                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------|
| Origin of Birth                                                                                                                                                                                                                | Select Country                                                                                            |                |                                                                       |
| Last Name                                                                                                                                                                                                                      | First Name                                                                                                |                |                                                                       |
|                                                                                                                                                                                                                                |                                                                                                           |                |                                                                       |
| Personal Email Address                                                                                                                                                                                                         |                                                                                                           | Employer       |                                                                       |
|                                                                                                                                                                                                                                |                                                                                                           |                |                                                                       |
| Phone (home)                                                                                                                                                                                                                   |                                                                                                           | Phone (mobile) |                                                                       |
| You May Contact Me 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 |                                                                                                           |                |                                                                       |
| MAILING ADDRESS                                                                                                                                                                                                                |                                                                                                           |                |                                                                       |
| Same as Student                                                                                                                                                                                                                | <input type="radio"/> Yes <input type="radio"/> No (If no, please complete the address information below) |                |                                                                       |
| Street Address                                                                                                                                                                                                                 |                                                                                                           |                | Apt # <span style="border: 1px solid black; padding: 0 5px;"> </span> |
| City/Town/Village                                                                                                                                                                                                              |                                                                                                           | Province       | Select Province or State                                              |
| Postal/Zip Code                                                                                                                                                                                                                |                                                                                                           | Country        | Select Country                                                        |

## 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 <u>HOME COUNTRY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|--|
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                | Apt #                    |  |
| City/Town/Village                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Province/State | Select Province or State |  |
| Postal/Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country        | Select 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"> <li>• I will provide <u>NOTARIZED</u> letters:             <ul style="list-style-type: none"> <li>○ One signed by the parent in their home country and</li> <li>○ One signed by the Legal Custodian in Canada confirming the appointment.</li> <li>○ A Legal Custodian must be a Canadian Citizen or a Permanent Resident.</li> </ul> </li> <li>• I understand that the student may not start school until he/she provides the School District with notarized letters:             <ul style="list-style-type: none"> <li>○ One signed by the parent, and</li> <li>○ One signed by the Legal Custodian in Canada as well as Proof of Citizenship <u>OR</u> Permanent Residency of the Custodian.<br/><i>Custodianship applications are available upon request.</i></li> </ul> </li> <li>• Custodian must also complete and submit a Custody Letter of Agreement, provided by the School District.</li> </ul> |                |                          |  |
| 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                    |  |

## EMERGENCY CONTACT (Please Print) (This must be a person other than a parent)

|                                                                                                                                                                                                                                |  |                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------|--|
| Last Name                                                                                                                                                                                                                      |  | First Name     |  |
|                                                                                                                                                                                                                                |  |                |  |
| Email Address                                                                                                                                                                                                                  |  |                |  |
|                                                                                                                                                                                                                                |  |                |  |
| Phone (home)                                                                                                                                                                                                                   |  | Phone (mobile) |  |
| You May Contact Me 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 |  |                |  |

## AFTER SCHOOL INFORMATION (Please Print)

|                                           |                           |                                                             |
|-------------------------------------------|---------------------------|-------------------------------------------------------------|
| Does this student go home after school?   | <input type="radio"/> Yes | <input type="radio"/> No (If no, provide information below) |
| Name of Caregiver or after school program |                           |                                                             |
|                                           |                           |                                                             |

## MEDICAL/HEALTH INFORMATION (Please Print)

|                                          |  |             |  |
|------------------------------------------|--|-------------|--|
| New Brunswick Medicare # (if applicable) |  | Expiry Date |  |
|------------------------------------------|--|-------------|--|

### MEDICAL INSURANCE PURCHASED PRIVATELY\*

|                      |  |             |  |
|----------------------|--|-------------|--|
| Name of Insurer      |  |             |  |
| Certificate/Policy # |  | Expiry Date |  |

*\*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.*

|                      |  |                |  |
|----------------------|--|----------------|--|
| Name of Doctor in NB |  | Doctor Phone # |  |
|----------------------|--|----------------|--|

### STUDENT MEDICAL CONDITIONS

|                                                                                          |                           |                          |
|------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| Does the student have any life-threatening conditions (e.g. risk of anaphylactic shock)? | <input type="radio"/> Yes | <input type="radio"/> No |
|------------------------------------------------------------------------------------------|---------------------------|--------------------------|

If yes, please describe

|  |
|--|
|  |
|--|

If yes, has a plan been developed with the school for managing this condition?

*If no, please ensure you communicate this with the school personnel.*

☐ Yes    ☐ No

Does the student require an EpiPen?    ☐ Yes (if yes, please complete the EpiPen information below)    ☐ No

Which EpiPen is required?    ☐ Junior (33-65 lbs.)    ☐ Regular (66 lbs. and more)

|                                                                                        |                           |                          |
|----------------------------------------------------------------------------------------|---------------------------|--------------------------|
| Does this student have any other medical concerns of which the school should be aware? | <input type="radio"/> Yes | <input type="radio"/> No |
|----------------------------------------------------------------------------------------|---------------------------|--------------------------|

|                    |                       |                                                         |                       |
|--------------------|-----------------------|---------------------------------------------------------|-----------------------|
| Speech Language    | <input type="radio"/> | Mobility Concerns (needs wheelchair or walking support) | <input type="radio"/> |
| Hearing Impairment | <input type="radio"/> | Feeding Tube                                            | <input type="radio"/> |
| Visual Impairment  | <input type="radio"/> | Needs Toileting Support                                 | <input type="radio"/> |

Is there any other information you would like us to have that would help us improve service to this student? (e.g. special services received, other professionals/agencies which are serving this student, etc.)

|  |
|--|
|  |
|--|

## SIBLINGS INFORMATION (Please Print)

| Siblings Name | Date of Birth (MM/DD/YYYY) | School Attending (if applicable) |
|---------------|----------------------------|----------------------------------|
|               |                            |                                  |
|               |                            |                                  |
|               |                            |                                  |
|               |                            |                                  |

## STUDENT PROFILE (Please Print)

|                                                     |                                                    |                          |
|-----------------------------------------------------|----------------------------------------------------|--------------------------|
| Student has had formal English Language instruction | <input type="radio"/> Yes. If yes, how many years? | <input type="radio"/> No |
| Student has had formal French Language instruction  | <input type="radio"/> Yes. If yes, how many years? | <input type="radio"/> No |
| Student's Parents/Custodian can speak English       | <input type="radio"/> Yes <input type="radio"/> No |                          |

**LANGUAGE FLUENCY:** Please indicate the student's language ability in the following skills.

| LANGUAGES     | Speaking              |                       |                       | Listening             |                       |                       | Reading               |                       |                       | Writing               |                       |                       |
|---------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|               | Beginner              | Intermediate          | Advanced              | Beginner              | Intermediate          | Advanced              | Beginner              | Intermediate          | Advanced              | Beginner              | Intermediate          | Advanced              |
| Home Language | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| English       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| French        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other:        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**COMPLETE ALL THAT ARE APPROPRIATE**

Please check all grades that the student has completed. (Ex: ☒ K ☒ 1 ☒ 2 ☒ 3 ☒ 4 ☒ 5)

|                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Pre-K                 | K                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    | 11                    | 12                    |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Date student last attended school (MM/YYYY)

**IF STUDENT HAS NEVER BEEN IN SCHOOL**

|                                               |                                                    |                          |
|-----------------------------------------------|----------------------------------------------------|--------------------------|
| Did student attend English preschool?         | <input type="radio"/> Yes. If yes, how many years? | <input type="radio"/> No |
| Did student attend preschool in home country? | <input type="radio"/> Yes <input type="radio"/> No |                          |

## IMMIGRATION STATUS UPON ARRIVAL IN NEW BRUNSWICK

**Parents Please Complete**

|                                                 |                                                                                              |
|-------------------------------------------------|----------------------------------------------------------------------------------------------|
| Are you a Canadian Citizen?                     | <input type="radio"/> Yes <input type="radio"/> No                                           |
| Are you a Provincial Nominee applicant?         | <input type="radio"/> Yes <input type="radio"/> No                                           |
| Are you a Permanent Resident?                   | <input type="radio"/> Yes (If yes, provide a copy of the document) <input type="radio"/> No  |
| Country of citizenship                          | Select Country                                                                               |
| Do you have a work permit?                      | <input type="radio"/> Yes (If yes, provide a copy of the document) <input type="radio"/> No  |
| Do you have a University/College Study Permit?* | <input type="radio"/> Yes (If yes, provide a copy of the document) <input type="radio"/> No  |
| Does the student need a Student Study Permit?   | <input type="radio"/> Yes (See tuition and registration fees below) <input type="radio"/> 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 SCHOOL YEAR                                                                                                                                                                                                                                                                                                         | TUITION AND PROCESSING FEES (for International Students)<br>(in Canadian \$)                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>School begins in September for all students.</li> <li>School ends in June for all students.</li> <li>High school students have two semesters: <ul style="list-style-type: none"> <li>Semester 1: September – January</li> <li>Semester 2: February – June</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>\$250 non-refundable Processing Fee required when requesting an LOA.</li> </ul> <b>IF APPLICABLE:</b> <ul style="list-style-type: none"> <li>2025-2026 Tuition = \$22,025/year <b>OR</b></li> <li>\$11,013/Semester</li> </ul> |

**Anglophone South School District (ASD-S) will make the final decision about grade and school enrollment**

## CONDITIONS AND AGREEMENT

- The student must obey the laws of Canada and the Province of New Brunswick, rules and policies of Anglophone South School District (ASD-S), Early Education and Childhood Development (EECD) and the school that they attend.
- The student or custodian/legal guardian must immediately inform the school of any change in address, Homestay or Custodianship.
- The student must maintain a **FULL-TIME** timetable.
- ASD-S will place students in an age-appropriate grade level.
- ASD-S will have the right to place the student in a school that serves the neighborhood in which the student lives.
- ASD-S will have the sole discretion in placing students in courses that may include English as an Additional Language (EAL) as it deems appropriate.
- ASD-S may require students to undergo a Language Placement test to determine the need for EAL support.
- Participating in school and school activities may result in random pictures of the student for promotional purposes or to be used on district or school webpages. **Let your school administration know if you do not grant permission for this.**

I hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my application may invalidate my application and result in the withdrawal by ASD-S of an offered school placement at any time during my registration. I agree to notify ASD-S if I wish to withdraw my application for acceptance and registration.

Parent/Custodian Signature: \_\_\_\_\_

Date of Application: \_\_\_\_\_

(MM/DD/YYYY)

### WHAT 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/grades, 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 and custody orders, etc. Medicare numbers are only used in emergency situations.

#### 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 the overall student development
- For administrative purposes.

If you have any questions regarding the use of personal information in the school system, please contact the Director of Schools at your appropriate Education Centre.

### CUSTODY INFORMATION

**PLEASE NOTE:** Schools are required to provide, on request from non-custodial parents, information about a student's education, except where 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.

## THE FOLLOWING DOCUMENTATION IS REQUIRED BEFORE A CHILD STARTS SCHOOL

| REGISTRATIONS WITH<br>AN INTERNATIONAL STUDENT STUDY VISA                                                                                                                                                                                  |                                                                                                                                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                                   | Signed registration form (must be submitted to receive a Letter of Acceptance (LOA.) Complete as much information as possible on the form.<br>The LOA requires a <b>non-refundable processing fee of \$250 (Canadian Dollars.)</b> |
| Appointment to be made when family/student arrive in the Greater Saint John 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 passport (proof of age)                                                                                                                                                                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Student birth certificate                                                                                                                                                                                                          |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Proof of immunization records in English                                                                                                                                                                                           |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Student transcript (report card) in English                                                                                                                                                                                        |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Study Permit issued by Immigration                                                                                                                                                                                                 |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Notarized Custodian agreement (if applicable)                                                                                                                                                                                      |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Proof of Medical Insurance                                                                                                                                                                                                         |
| <input type="checkbox"/>                                                                                                                                                                                                                   | Tuition fee in Canadian Dollars                                                                                                                                                                                                    |
| <b>TUITION FEE</b><br>\$22,025.00 for September 2025 to June 2026 may be made in two installments of \$11,013.00 in August 2025 and January 2026.                                                                                          |                                                                                                                                                                                                                                    |

| REGISTRATIONS WITH PERMANENT RESIDENCE,<br>PARENT WORK VISA, PARENT STUDY VISA                                                                                                                                                                              |                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                                                                                                                                                                                                                                    | Signed registration form (submitted when you have a permanent address).                                                                                                                                      |
| Appointment to be made when family/student arrive in the Greater Saint John 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 passport (proof of age)                                                                                                                                                                              |
| <input type="checkbox"/>                                                                                                                                                                                                                                    | Student birth certificate                                                                                                                                                                                    |
| <input type="checkbox"/>                                                                                                                                                                                                                                    | Proof of immunization records in English                                                                                                                                                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                    | Student transcript (report card) in English                                                                                                                                                                  |
| <input type="checkbox"/>                                                                                                                                                                                                                                    | Landing Papers (Parents & Student) issued by Immigration                                                                                                                                                     |
| <input type="checkbox"/>                                                                                                                                                                                                                                    | Notarized Custodian agreement (if applicable)                                                                                                                                                                |
| <input type="checkbox"/>                                                                                                                                                                                                                                    | Parent Letter of Attendance at University or College (if applicable). If parent is on a Study Permit, a letter of attendance will be required from the University or College once the parent begins classes. |
| <b>PLEASE NOTE</b><br>If you require a Letter of Acceptance for your country, you must submit the registration form ( <i>complete as much as possible</i> ) and a non-refundable processing fee of \$250 (Canadian Dollars). See payment information below. |                                                                                                                                                                                                              |

| PLEASE REACH OUT TO<br><a href="mailto:asds.niswc@nbcd.nb.ca" style="color: blue; text-decoration: underline;">asds.niswc@nbcd.nb.ca</a><br>TO FINALIZE REGISTRATION<br>WHEN YOU ARRIVE IN NEW BRUNSWICK                                                                                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You may email <a href="mailto:asds.niswc@nbcd.nb.ca" style="color: blue; text-decoration: underline;">asds.niswc@nbcd.nb.ca</a> or postal mail the registration form and registration fee (if applicable) to:<br><br>Newcomer & International Student Welcome Centre<br>Anglophone South School District<br>490 Woodward Avenue<br>Saint John, NB, Canada, E2K 5N3 |

| PAYMENT INFORMATION                                                        |                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="radio"/>                                                      | Make cheque or bank draft payable to <b>Minister of Finance</b> .<br><br><b>MAIL OR DELIVER CHEQUE TO:</b><br><br>Newcomer & International Student Welcome Centre<br>Anglophone South School District<br>490 Woodward Avenue<br>Saint John, NB, Canada, E2K 5N3 |
| <b>Electronic payment options will be provided when invoice is issued.</b> |                                                                                                                                                                                                                                                                 |