

SCHOOL ENTRY PERMIT
DEPARTMENT OF EDUCATION AND
EARLY CHILDHOOD DEVELOPMENT



School use only

Regular

Interim¹ – 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:² _____

Date of birth: _____ / _____ / _____ Gender: _____ Grade: _____
Year Month Day

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

<p>Proof of Age:³</p> <p><input type="checkbox"/> Birth Certificate No. _____</p> <p><input type="checkbox"/> Passport No. _____</p> <p><input type="checkbox"/> Driver's license No. _____</p> <p><input type="checkbox"/> Other: _____ (specify) No. _____</p>	<p>Required Immunizations:⁴</p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Incomplete*</p> <p><input type="checkbox"/> Medical exemption*</p> <p><input type="checkbox"/> Religious or Moral exemption*</p> <p style="text-align: center;">* Documentation required – refer to <i>Policy 706</i></p>
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This section is to be completed by a health care professional.

<p>Primary address for student⁵</p> <p>Parent / Legal Guardian / Independent student:</p> <p>_____ / _____ <small>Legal first name Legal last name</small></p> <p>Address: _____ <small>Street</small></p> <p>_____ City Province Postal Code</p> <p>Phone: (____) _____ (daytime) (____) _____ (____)</p>	<p>Parent / Legal Guardian:</p> <p>_____ / _____ <small>Legal first name Legal last name</small></p> <p>Address: _____ <small>Street</small></p> <p>_____ City Province Postal Code</p> <p>Phone: (____) _____ (daytime) (____) _____ (____)</p>
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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: _____ **Issued by:** _____
year month day Signature of school/district official

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

¹ The conditions under which an interim permit may be issued are defined in section 6.4 of Policy 706 – *Mandatory Immunization*.
² Medicare numbers are used only in emergency medical situations.
³ 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.
⁴ 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.
⁵ 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.