

**Moncton High School  
2022-2023 Registration Form**

**Registration Steps:**

- If student was born outside of Canada, registration must be done at the Welcome Centre
- Transfers from Francophone districts require a signed release from the francophone district superintendent and school principal
- Parent/student fills out registration forms and provides all IDs and requested documentation
- Principal reviews file and provides approval - if out of bounds there is a separate process
- Admin Assistant requests documentation from previous school and inputs student into system
- Admin Assistant provides file to Guidance for course review and scheduling
- File is referred to school team to ensure proper supports are in place
- student/family will receive a call to confirm start date

**\*Any missing information will result in delays and/or incorrect scheduling that may delay graduation eligibility.**

Date: \_\_\_\_\_ Student ID # \_\_\_\_\_

Program: ( ) English ( ) Early Immersion ( ) Late Immersion

Grade last completed successfully: 9 10 11 12 Post Grad Year \_\_\_\_\_

Last School Attended: \_\_\_\_\_ When: \_\_\_\_\_

**Important: Grade level will be determined based on a credit evaluation of official grade 11 and 12 courses**

Student's Legal Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ Preferred Name (if Different) \_\_\_\_\_

Medicare # \_\_\_\_\_ Gender  F  M  Other, please specify: \_\_\_\_\_

Student lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Grandparent(s) ( ) Joint Custody ( ) Guardian ( ) Alone ( ) Other

Custodial Restrictions – Please provide legal documents N/A ( ) Attached ( )

Mother's Maiden Name: \_\_\_\_\_

If Student Lives alone, address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

First Contact: Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone # \_\_\_\_\_ C#: \_\_\_\_\_ Employer Name: \_\_\_\_\_

(Number for Auto-Dialer):  
Indicate which number is the primary contact (P) \_\_\_\_\_ accepts SMS? \_\_\_\_\_ W#: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Second Contact: Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone # \_\_\_\_\_ C#: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Indicate which number is the primary contact (P) \_\_\_\_\_ accepts SMS? \_\_\_\_\_ W#: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Different from above) Telephone#: \_\_\_\_\_ C#: \_\_\_\_\_ W#: \_\_\_\_\_

Does your child have any medical conditions i.e. diabetes, hearing impairment, life threatening allergies (risk of anaphylactic shock)?

( ) Yes ( ) No If yes, please specify \_\_\_\_\_

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

\_\_\_\_ Yes \_\_\_\_ No – if no, please contact the school to make an appointment to develop the plan

Does this child require an EpiPen? \_\_\_\_ If yes, please specify: Junior \_\_\_\_ (between 33 and 66 lbs) or Regular \_\_\_\_ (66 lbs or more)

**Note: Please ensure you send written instructions with your child whenever your child needs medication at school. In accordance with Policy 704, schools may not administer medication without your written instructions**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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To help the guidance office better serve students identify post-secondary options, do you have aboriginal status? Yes \_\_\_\_\_ No \_\_\_\_\_

**Scheduling requests:** Options are often limited as course selection occurs during the prior Winter/Spring for the following year. Students are required to take a prescribed list of courses in grade 9 and 10; prescribed graduation credits must be taken in grade 11 and 12 and all effort will be made to ensure that students have the necessary credits to graduate. Please select areas of interest to aid us in scheduling if options are available.

- Computers    Phys. Ed    Fine Arts    Science    Math    Trades    Child Dev.    Nutrition/Cooking  
 Languages    Business    Sociology/Psychology    History    Performing Arts    Media  
 Other \_\_\_\_\_

**Do you intend to pursue post-secondary education?**    College    University    Direct to Workplace

**What should the School Counsellor know about this student in order to provide appropriate schedule/supports?** *E.g.: Part-time schedule, out of school for prolonged period of time, gender transitioning, other preferred name, food support, reason for coming to MHS, attendance difficulties, peer/family relationships, etc.*

\_\_\_\_\_

\_\_\_\_\_

**History of Personalized Learning Plan (PLP)?**    No    Yes-Current    Yes-Previous

**Type:**    Accommodated    Modified/Adjusted    Individualized    Behavioural    Social-Emotional

Reasons or Diagnoses: \_\_\_\_\_

Previous school/classroom supports: \_\_\_\_\_

Previous resource teacher: \_\_\_\_\_

The following information is voluntary, but will help school personnel ensure appropriate placement:

**Involvement with Integrated Service Delivery (ISD - Child & Youth Team):**    Yes    No    Not Sure

**Please list any out-of-school supports/services:** *Examples: therapist, tutor, social worker, probation officer, psychologist, hospital personnel (ex. IWK), child & youth advocate, APSEA, O/T, etc.*

\_\_\_\_\_

\_\_\_\_\_

### 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 provided a record should it ever be needed in an individual's lifetime. This information includes: legal name, address, attendance, marks, credits obtained, graduation status, transcript of marks, etc.

Medicare numbers are used for research and registration purposes, and to verify proof of immunization in accordance with the Personal Health Information Policy and Privacy Act.

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.

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.*

### CUSTODY INFORMATION

**Please note:** 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.

### IMPORTANT

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

**I understand that my acceptance at Moncton High School is dependent on the Principal's permission. This means that my course timetable will not be arranged until my admission has been approved.**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Guidance Counsellor

\_\_\_\_\_  
Principal's Initials

# RECORD OF STUDENT TRANSFER

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

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 19\_\_\_\_ or 20\_\_\_\_\_

Grade \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_ Immunization Verified? Yes \_\_\_\_\_ No \_\_\_\_\_

## RECEIVING SCHOOL

District Number **ASDE** School Number **1539**

School Name **Moncton High School**

School Address **140 Longfellow Drive, Moncton, NB E1H 0G4**

School Phone Number **1 (506) 856-3439**

School Fax Number **1 (506) 856-3481**

Date Student Arrived Month \_\_\_\_\_ Day \_\_\_\_\_ Year 20\_\_\_\_\_

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_  
Principal/Designate

Please send all relevant documentation concerning my son/daughter to his/her new school. Note: In New Brunswick, this may include the Student Record Card and Student Services records.

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_  
Parent/Guardian

## SENDING SCHOOL

Province \_\_\_\_\_ District \_\_\_\_\_ School Number \_\_\_\_\_

School Name	_____
School Address	_____
School Phone Number	_____
School Fax Number	_____

For your records: *Confirmation that documents were released to the student's new school.*

Date: \_\_\_\_\_ Signed by: \_\_\_\_\_  
Principal/Designate



## Moncton High School

140 Longfellow Dr. Moncton N.B. E1H 0G4 Tel: 506-856-3439 Fax: 506-856-3481

### Principal

Michael A. Belong

### Vice-Principals

France Côté-Allain

Scott Farrell

Christine Whalen

Further to my registration of \_\_\_\_\_, this is to acknowledge that the following documentation is required to register a student in the Province of New Brunswick and/or at Moncton High School:

### Received

\_\_\_\_\_ Copy of Birth Certificate;

\_\_\_\_\_ Copy of Medicare card;

\_\_\_\_\_ Copy of Immunization;

“Section 10(1) of the *Education Act* requires superintendents to refuse admission to school of a child unless satisfactory proof of immunizations required under the *Health Act* is provided...”

\_\_\_\_\_ Proof of Address (copy of lease, utility bill, bank statement, credit card statement, tax assessments, etc) which shows the name and address of the parent/guardian; and

\_\_\_\_\_ Previous report card/Transcript (if available).

\_\_\_\_\_ **\*If transferring from a school in a District other than Anglophone East School District, a Release must be provided from the District that you are transferring from.\***

I further acknowledge that any documentation not provided at registration (as indicated above), shall be provided to Moncton High School ASAP and that not having the above documentation at the time of registration may affect the registration process being completed in a timely fashion.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## Media Coverage – Parent Permission

### Anglophone East School District

#### 2022-2023 School Year

Your family's rights to privacy are important to us. The school district is required to abide by the New Brunswick Right to Information and Protection of Privacy Act (RTIPPA)

<http://www2.gnb.ca/content/gnb/en/departments/government/services/rti/Privacy.html>. Please read the information below and decide what best meets the needs of your family. This letter will be kept on file for this school year.

Students' names and/or photographs may be included in documents related to school events such as theatrical or musical production programs, newsletters, graduation programs, awards lists, yearbooks, composite pictures etc. In addition, photographs or videos of concerts or other events may be taken by the school or parents. These materials may occasionally be accessed for distribution and published by the media.

- |   |
|---|
| <input type="checkbox"/> <b>I give</b> permission for my child's name and/or photograph to be included in school-event related documents as listed above. These items may be accessed by the media for publication. |
| <input type="checkbox"/> <b>I do not give</b> permission for my child's name and/or photograph to be included in school-event related documents as listed above.  |

Schools are also at times contacted by media to publicize events such as sports, science fairs, concerts, drama productions or assemblies. This may involve photographs, videotaping or interviews with your child. The school administration and /or district staff approve all media coverage. Student interviews will occur only in the presence of a staff member.

- |   |
|---|
| <input type="checkbox"/> <b>I give</b> permission for my child to be photographed, videotaped or interviewed by the media in school-sponsored activities for this school year. I understand these pictures/tapes may also be posted on the media website. |
| <input type="checkbox"/> <b>I do not give</b> permission for my child to be photographed, videotaped or interviewed by media.   |

Occasionally, Anglophone East School District may use student photographs on its web page and/or facebook when school activities are celebrated and featured. It is important for us to know if we have your permission for your child to be photographed or interviewed. For further information about the web page, please contact Stephanie Patterson, 869-6004.

- |   |
|---|
| <input type="checkbox"/> <b>I give</b> permission for my child's name and/or photograph to appear on the Anglophone East School District web page and/or facebook. I understand that I will be notified if this is to take place during this school year. |
| <input type="checkbox"/> <b>I do not give</b> permission for my child's name and/or photograph picture to appear on the Anglophone East School District web page and/or facebook.   |

After discussing this with your child, please return to their homeroom teacher by **ASAP**.

**Student's Name (please print):** \_\_\_\_\_

**Homeroom Teacher:** \_\_\_\_\_

**Parent/Guardian's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Acceptable Computer Use Agreement  
**New Brunswick Department of Education**  
**Policy 311 – Appendix C**

**Student:**

I understand that use of the school's computer equipment, network, e-mail and world wide web services is a privilege, not a right. I agree to respect the following:

1. I will comply with the Department of Education's Policy 311 – Information and Communication Technologies Use (<http://www.gnb.ca/0000/pol/e/311A.pdf>).
2. I will not spread computer viruses intentionally or access or make changes to systems or files that are not mine (i.e. hacking). This is illegal.
3. I will not create, access, store, print or send threatening or obscene messages or any other material that is likely to humiliate or offend.
4. I will not use free/anonymous e-mail accounts (such as Hotmail) using the school's network or equipment.
5. I will not download games, large files or pictures or use chat rooms without permission.
6. I will not send unsolicited bulk information (SPAM).
7. I will not give out information about myself or other people, such as password, name, address, telephone number, age, sex or photo.
8. I understand that if I do not respect these rules I may lose my computer privileges and/or face other disciplinary actions.

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**Parent/Guardian:**

I have read and understand the above.

I accept responsibility for the actions of my child while he/she uses the school's computer network and equipment. I understand that my child's access to the school's computer network and equipment may be denied/revoked if he/she fails to comply with this agreement.

I will not hold the school district of the Province of New Brunswick responsible for my child's access of materials acquired through the school's network/Internet connections or other use of ICT, given reasonable precautions by school personnel to supervise student ICT use.

I have reviewed the Computer Use Agreement with my child

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Parent/Guardian Signature



**MONCTON HIGH SCHOOL**

140 Longfellow Drive, Moncton, N.B. E1H 0G4 Tel: 856-3439 Fax: 856-3481

Student/Parent Pledge Sheet for Participation in Moncton’s Bring Your Own Device Program

1. I will be responsible for my own device at all times in the learning environment including when I load the device to peers.
2. I will report immediately any cause for concern regarding the safety of my device.
3. I will ensure that my mobile device is charged for class use.
4. I will use my device in class ONLY when specifically directed to by the teacher.
5. I will use my device during class time ONLY for educational purposes.
6. I will assume ALL responsibility for ensuring my data and class work are secure and accessible.
7. I will make sure ALL communications and protection for my devices is appropriate for the school environment.
8. I will follow the school’s Mobile Computing Acceptable Use Policy and Social Media Policy at ALL time when at school.
9. I will be responsible for ALL damage or loss caused by neglect or abuse.
10. I agree that if I violate school or district policy regarding acceptable use of mobile devices that I should have my access removed.

I agree to all the stipulations set forth by the Anglophone East School District’s Acceptable Use Policy, Moncton’s Bring Your Own Device Acceptable Use Policy and the Student pledge Form. I understand my mobile computing device can be monitored at any time when using the provided wireless internet and that all activity on my device during school hours reflects on Moncton High’s and my own reputation.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_

Student Name (Please Print) \_\_\_\_\_

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Violent Threat Risk Assessment

Dear Parent/Guardian:

Anglophone East School District is committed to creating and maintaining a safe and positive learning and working environment for all of our school communities. In order to enhance safety measures and a positive learning environment, school administration, guidance counsellors, district staff and community partners have been trained in Violence Threat Risk Assessment.

The Violence Threat Risk Assessment Protocol is applied to assess threatening or worrisome behavior. The Violence Threat Risk Assessment is conducted by a trained, multidisciplinary team to determine if a threat maker poses an actual risk. Risk enhancers are identified and appropriate interventions are put into place to reduce risks as a means to better support the student and/or their family. Please be assured that the School Violence Threat Risk Assessment Team will be taking measures to deal with all known threats/high-risk behaviors in a positive, proactive and restorative manner.

To help keep our school communities safe, Anglophone East School District will respond to all threats. As such, we aim to create an expectation of responsible reporting and ask that all parents/guardians, students, staff and community members who have knowledge of a threat, threat-making behaviors or high-risk student behaviors report this information to the school principal.

If the school team invites you to a meeting to discuss safety concerns and/or intervention planning for your child, please be assured that the goal is always safety and risk reduction intervention planning. We will respond to all threats in a professional manner that provides for a safe, supportive and positive learning environment for all.

We appreciate your support in helping to ensure our schools have a safe learning and working environment for all of our school communities.

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*I have read and understand the Violent Threat Risk Assessment information, as it was presented.*

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Parent/Guardian Signature



# SCHOOL BUS CONDUCT AND SAFETY INSTRUCTIONS

## *Policies:*

- 551: Safe and Orderly Conduct on School Buses
  - 551A: Student Misconduct: Offences and Consequences
  - 552: Student Conveyance – Alternate Location for Child Care
- 

**NOTE:** Permission for any student to ride on a school bus is a **PRIVILEGE, NOT A RIGHT**. The safety and wellbeing of student riders depends on proper behavior and compliance of the following rules and regulations. Any student who violates any of the following rules will be reported to the proper school Administrator and his/her privilege of transportation may be denied. These rules apply to STUDENT ACTIVITY TRIPS as well as regular bus routes to and from school.

1. The DRIVER has FULL control of the bus and its passengers and has authority to enforce all the Provincial bus rules and guidelines. Always respect the authority of the driver by obeying promptly and courteously. Students are to refrain from unnecessary conversation with a driver.
2. BE ON TIME AT YOUR BUS STOP. The BUS WILL NOT WAIT for those who are tardy. DO NOT run after the bus if you are late, always remember the danger zone. Drivers have been instructed NOT TO STOP for anyone running after a bus.
3. Wait for the bus to come to a COMPLETE stop before trying to board or depart. If you must CROSS THE ROAD, wait for the DRIVER TO SIGNAL you across with his/her hand when he/she has determined all traffic has stopped. ALWAYS cross at least ten (10) feet in front of the bus, whether boarding or departing.
4. After boarding the bus, sit down and remain seated until the bus reaches your stop. IF THE DRIVER ASSIGNS SEATS, students will sit in the seats assigned to them.
5. NO fighting, pushing, tripping, kicking, etc. will be tolerated on the bus.
6. NO student will be allowed to use tobacco, drugs, alcohol, or light matches or lighters on the bus.
7. NO, loud or boisterous speech, swearing or shouting in the bus or out the windows will be allowed. Rude and abusive language will not be tolerated.
8. DO NOT sit with more than the proper number in one seat.
9. DO NOT extend any part of your body out of the bus windows.
10. DO NOT throw anything in or out of the bus window.
11. DO NOT eat or drink on the bus, Safety first, you may choke.
12. DO NOT bring live animals, reptiles, insects, etc. on the bus.

13. DO NOT bring fire arms, ammunition, knives, explosives devices, fire crackers or other dangerous materials aboard the bus. Such ITEMS WILL BE CONFISCATED, and appropriate discipline will follow.
14. **TREAT THE BUS WITH RESPECT. ANY DAMAGES TO THE BUS WILL BE PAID FOR BY THE STUDENT OR HIS/HER PARENTS. ALL ACTS OF VANDALISM WILL BE HANDLES UNDER THE SCHOOL VANDALISM POLICY.**
15. Keep the aisle clear. Store personal items on your lap or under the seat.
16. Keep the bus clean. A waste container is provided at the front of the bus for all garbage. Use this container when boarding or departing the bus only.
17. USE HANDRAILS when boarding or departing the bus.
18. In the morning students will be discharged ONLY at their regularly designated school stop. NO student will be allowed to get off at ANY OTHER PLACE.
19. In the afternoon, students will be discharged ONLY at their homes or regularly designated stops. In the case of an emergency, the principal will follow policy 552.3. The PRINCIPAL will then notify the TRANSPORTATION OFFICE. If such change is on a permanent basis, a parental release form must be on file with the TRANSPORTATION OFFICE. All changes will comply with the policy 552. (POLICY 552)
20. Students transported to an athletic, academic, or co-curricular activity will return to the point of departure on the bus. Rare exceptions may be made for return with parents – **and only parents**

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In summary, no distracting or dangerous activity will be allowed on the bus, these situations put **EVERYONE** at risk.

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**Please read the Discipline Process (POLICY 551 appendix A). Discuss bus safety and the above rules with your child and review them on a regular basis.**

- My child and I understand the Bus Conduct and Safety Instructions and agree to obey them.
  - I have also read a fully understand the Discipline Process
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Parent/Guardian Signature

X

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**Appendix A –  
SCHOOL ENTRY PERMIT**  
DEPARTMENT OF EDUCATION AND  
EARLY CHILDHOOD DEVELOPMENT



*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 number:<sup>2</sup> \_\_\_\_\_

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

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

<p><b>Proof of Age:<sup>3</sup></b></p> <p><input type="checkbox"/> Birth Certificate No. _____</p> <p><input type="checkbox"/> Passport No. _____</p> <p><input type="checkbox"/> Driver's licence No. _____</p> <p><input type="checkbox"/> Other: _____ (specify)  <small>No. _____</small></p>	<p><b>Required Immunizations:<sup>4</sup></b></p> <p><input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Incomplete*</p> <p><input type="checkbox"/> Medical exemption*</p> <p><input type="checkbox"/> Parental objections exemption*</p> <p><small>* Documentation required – refer to <i>Policy 706</i></small></p>
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**This section is to be completed by a health care professional.**

<p><b>Primary address for student<sup>5</sup></b></p> <p><b>Parent / Legal Guardian / Independent student:</b></p> <p>_____ / _____  <small>Legal first name Legal last name</small></p> <p><b>Address:</b> _____  <small>Street</small></p> <p>_____      _____      _____  <small>City Province Postal Code</small></p> <p><b>Phone:</b> (____) _____ (daytime)          (____) _____ (____)</p>	<p><b>Parent / Legal Guardian:</b></p> <p>_____ / _____  <small>Legal first name Legal last name</small></p> <p><b>Address:</b> _____  <small>Street</small></p> <p>_____      _____      _____  <small>City Province Postal Code</small></p> <p><b>Phone:</b> (____) _____ (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

<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 for research and registration purposes, and to verify proof of immunization in accordance with the *Personal Health Information Privacy and Access Act*.  
<sup>3</sup> Documents recognized as proof of age and identity are: birth certificate, passport and/or driver's licence. 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 *Public 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.