

**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 first name: \_\_\_\_\_ Medicare number:<sup>2</sup> \_\_\_\_\_  
(if applicable)

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

<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>_____ City Province Postal Code</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>_____ City Province Postal Code</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, creating a unique identification number, and to verify proof of immunization in accordance with the Education Act and other applicable legislation. For the purposes of the unique identification number, Medicare numbers will be disclosed to the Department of Health to verify information.  
<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 decision-making responsibility (formerly known as joint custody), parents must decide which address will be recorded as the primary address.