



SCHOOL DISTRICT 50

Haida Gwaii

Tahayghen Elementary School

P.O. Box 290

Masset, BC V0T 1M0

Ph. (250) 626-5572 Fax (250) 626-3214

OFFICE USE ONLY

Admission Date: _____ dd-mmm-yyyy Division: _____

Registration Date: _____ dd-mmm-yyyy Family Courier (youngest)

Proof of Age: BC Identification Birth Certificate (copy attached) Certificate of Citizenship Court Order

Immigration Canada Documents Permanent Resident Card Vital Statistics Documentation Passport

School Year: 2015-2016

Student Grade Level: _____

Gender: Female Male

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name(s): _____

Check this box to indicate that the student has no Legal Middle Name

Home Phone: _____ Unlisted

Property/Home Address: _____

Street Address

Mailing Address: _____

P.O. Box #

City

Province

Postal Code

Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant

Students without Canadian citizenship, Permanent Resident/Landed Immigrant Status or if International Student status must apply to the School District office for admission.

Previous School: _____

Address/Phone #: _____

Usual Last Name: _____

Preferred First: _____

Preferred Middle Name(s): _____

Birth Date: _____ - _____ - _____
dd mmm yyyy

Bus Route:

Port Clements/Nadu Road New Town/Tow Hill

Old Massett Front Road Old Massett Back Road

RELEASE OF INFORMATION / EMAILS HOME

Yes, I Permit: (check each box that applies)

my child's name and/or photo to be used in any school based publications.

my child's name and/or photo to be used in any school based publications including web pages for the Internet.

the school to disclose my name, phone number, mailing address, and my child's name and grade to the Parent Advisory Council for the purposes of school related communications.

Yes, the school may send school newsletters/notices via email to: _____

PARENTAL PERMISSIONS

Yes, I Permit My Child To:

Stay at School for Lunch

OR

Go Off School Grounds for Lunch (must choose one or the other – **NOT both**)

Walk to and from school.

Ride their bike to and from school.

Participate in walking field trips for the school year.

Access the Internet in support of their education as per Policy #4050 – Computer and Internet Usage and Access.

SIBLINGS

1

2

3

4

Last Name _____

First Name _____

Relationship _____

Birthday (dd-mmm-yyyy) _____

Birthplace: _____

City

Province

Country

First Language: _____ **Language used at home:** _____ **Language most used:** _____

Aboriginal Ancestry: Yes No

If yes, please complete the following:

Band Name: _____ **Band Number:** _____

Band of Residence:

Massett Skidegate

Status: Status on Reserve Status Off Reserve Non-Status

Metis Inuit

Other: _____

