



SCHOOL DISTRICT 50

Haida Gwaii

StrongStart at Tahayghen

P.O. Box 290

Masset, BC V0T 1M0

Ph. (250) 626-3584 or -5572 Fax (250) 626-3214

OFFICE USE ONLY:

School Year: _____

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

Proof of Age: BC Identification Birth Certificate (copy attached) Certificate of Citizenship Court Order
 Immigration Canada Documents Permanent Resident Card Vital Statistics Documentation Passport

Birth Date: _____ - _____ - _____
dd mmm yyyy

Gender: Female Male

Legal Last Name: _____

Usual Last Name: _____

Legal First Name: _____

Preferred First Name: _____

Legal Middle Name(s): _____

Preferred 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.

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:** _____

SIBLINGS	1	2	3	4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthdate (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 of Residence: Massett Skidegate

Band Name: _____ Band Number: _____

Status: Status on Reserve Status Off Reserve Non-Status
 Metis Inuit Other: _____

Custody/Living Arrangements: Both Parents Father Mother Joint Custody
 Other (provide details): _____
 (Please provide copies of legal documentation if applicable.)

PARENT/GUARDIAN INFORMATION
 Parent Type: ___ Mother ___ Father ___ Other: _____
 Last Name: _____ First Name: _____
 Home Address: Living with student
 (specify address below if this parent is NOT living with the student)

 Street and Mailing City Prov Postal Code
 Home Phone: _____ Unlisted
 Place of employment: _____
 Occupation: _____
 Business Phone: _____ Ext. _____
 Cellular Phone: _____
 Email Address: _____
 The above information will be used for emergency contact.

PARENT/GUARDIAN INFORMATION
 Parent Type: ___ Mother ___ Father ___ Other: _____
 Last Name: _____ First Name: _____
 Home Address: Living with student
 (specify address below if this parent is NOT living with the student)

 Street and Mailing City Prov Postal Code
 Home Phone: _____ Unlisted
 Place of employment: _____
 Occupation: _____
 Business Phone: _____ Ext. _____
 Cellular Phone: _____
 Email Address: _____
 The above information will be used for emergency contact.

Emergency Contact (other than Parent/Guardian)
 Last Name: _____ First Name: _____
 Relationship to student: _____
 Home Address:

 Street and Mailing City Prov Postal Code
 Home Phone: _____ Unlisted
 Place of employment: _____
 Occupation: _____
 Business Phone: _____ Ext. _____
 Cellular Phone: _____
 Email Address: _____
 Can this contact person pick up the student? Yes No

Emergency Contact (other than Parent/Guardian)
 Last Name: _____ First Name: _____
 Relationship to student: _____
 Home Address:

 Street and Mailing City Prov Postal Code
 Home Phone: _____ Unlisted
 Place of employment: _____
 Occupation: _____
 Business Phone: _____ Ext. _____
 Cellular Phone: _____
 Email Address: _____
 Can this contact person pick up the student? Yes No

*** Note: If you wish to include additional emergency contacts – please provide the appropriate information on a separate sheet.

MEDICAL INFORMATION
 CareCard No: _____ - _____ - _____ Family Doctor: _____ Phone: _____
 Doctor's contact information required if student has a life-threatening condition.
Life Threatening Health Condition: Yes No
 If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school.
 The life-threatening health conditions that apply to this student are:
 Anaphylactic or Severe Allergies to food or insect stings Allergen(s): _____
 Asthma that has resulted in hospitalization in the past year _____
 Blood Clotting Disorder (e.g. hemophilia) _____
 Diabetes _____
 Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years _____
 Serious Heart Condition (e.g. heart murmur, heart repair) _____
 Other Health Conditions which may require emergency care – please specify: _____

I certify that the information I have provided on this form is correct:

 Signature of Parent/Guardian Date

The information on this form is collected under the authority of the School Act. The information will be used for education program purposes and when required, may be provided to health services, social services, or other support services as outlined in the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of the school.