



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: Band Name: _____ Band Number: _____
 Massett Skidegate Status: Status on Reserve Status Off Reserve Non-Status
 Metis Inuit Other: _____

