



# 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: 2017-2018**

**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

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

**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:

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent/Guardian

*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.*