



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 **School Year:** _____

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

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

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

Immigration Canada Documents Passport Permanent Resident Card Vital Statistics Documentation

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

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

Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant

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

PARENTAL PERMISSIONS

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

My child to walk to and from school.

My child to ride their bike to and from school.

The school to disclose my contact information and my child's name and grade to the Parent Advisory Council for the purposes of school related communications.

Lunch Hour – To Note: It is expected that all students will normally stay at school for lunch. Students regularly leaving school grounds for lunch require a Lunch Hour Permission Form. If you require this form please contact the school office.

SIBLINGS <i>(Attending SD50 schools)</i>	1	2	3	4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthday (dd-mmm-yyyy)	_____	_____	_____	_____

Birthplace: _____
City Province Country

Home Language: _____ **Language Most Used:** _____ **First Language:** _____

Aboriginal Ancestry: Yes No

If yes, please complete the following:

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

Band of Origin: _____ **Band of Residence:** _____ **Status Card Number:** _____
 Massett Skidegate

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 #1.**

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 #2.**

Emergency Contact #3 (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 #4 (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

Health 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. Also, any students with anaphylactic or severe allergies must have an Anaphylaxis Emergency Plan form completed by their doctor and returned to the school.

The health conditions that apply to this student are:

- Anaphylactic or Severe Allergies to food or insect stings. Allergen(s) are: _____
- 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.