



# SCHOOL DISTRICT 50

Haida Gwaii

Gudangaay Tlaats'gaa Naay  
Po Box 208, 1647 Collison Ave.  
Masset, BC V0T 1M0 (250)626-3226

### OFFICE USE ONLY

Admission Date: \_\_\_\_\_ dd-mmm-yyyy Division: \_\_\_\_\_ School Year: \_\_\_\_\_  
 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

Student Grade Level: \_\_\_\_\_ Gender: Female Male  
 Previous School: \_\_\_\_\_  
 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 \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 dd mmm yyyy  
 Bus Route:  
 Port Clements/Nadu Road New Town/Tow Hill  
 Old Massett Front Road Old Massett Back Road  
 Address/Phone #: \_\_\_\_\_  
 St. Cell #: \_\_\_\_\_ email: \_\_\_\_\_  
 Usual Last Name: \_\_\_\_\_  
 Preferred First: \_\_\_\_\_  
 Preferred Middle Name(s): \_\_\_\_\_  
 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

I Permit:

- my child's name and/or photo to be used in any school publications.
- my child's name and/or photo to be used in any school publications including web pages for the Internet.
- my child to be included in any media coverage of a school event.
- 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.
- None of the above

SIBLINGS	1	2	3	4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthday (dd-mm-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: \_\_\_\_\_

### PARENTAL AUTHORITY:

I Permit:

- my child to participate in walking field trips for the school year.
- my child to access the Internet in support of their education as per Policy #4050 – Computer and Internet Usage and Access.

**ALL LEGAL PARENTS & GUARDIANS MUST BE INCLUDED BELOW (UNLESS REDIRECTED BY COURT ORDER).**

**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.

Do you have a specific custody arrangement we should know about? Yes / No (circle one)  
 If yes, please provide documentation.

**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