

## StrongStart at Tahayghen

P.O. Box 290 Masset, BC V0T 1M0 Ph. (250) 626-3584 or -5572 Fax (250) 626-3214

OFFICE USE ONLY:			Scho	ol Year: <u>2023-2024</u>	
	- dd-mmm-yy	yyy <b>Registration Dat</b>	e:	dd-mmm-yyyy	
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:	уууу	Gender:	Female   Male		
Legal Last Name:		Usual Last Na	ame:		
Legal First Name: Preferre			st Name:		
Legal Middle Name(s): Preferred Middle Name(s):					
☐ Check this box to indicate that the Legal Middle Name	he student has no				
Home Phone:	Unlisted				
Property/Home Address:					
	Address				
Mailing Address: P.O	. Box #	City	y 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 Last Name	1	2	3	4	
Last Name First Name		<del></del>			
Relationship					
Birthdate (dd-mmm-yyyy)					
Bir tituate (dd-iiiiiii-yyyy)					
Birthplace:					
City		Province		Country	
First Language:	Language used at ho	ome:	Language most	used:	
Aboriginal Ancestry:					
If yes, please complete the following	g: Band Name:		Band Number:		
Band of Residence:					
Danu of Residence.	Status:   Status on 1	Reserve Status Off Res	serve Non-Status		

Custody/Living Arrangements:   Both Parents   Father	☐ Mother ☐ Joint Custody				
☐ Other (provide details):					
PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN INFORMATION				
Parent Type:MotherFatherOther:	Parent Type:MotherFatherOther:				
Last Name: First Name:	Last Name: First Name:				
Home Address: Living with student ☐ (specify address below if this parent is NOT living with the student)	Home Address: Living with student ☐ (specify address below if this parent is <b>NOT</b> living with the student)				
Street and Mailing         City         Prov         Postal Code           Home Phone:         Unlisted         □	Street and Mailing         City         Prov         Postal Code           Home Phone:         Unlisted         □				
Place of employment:	Place of employment:				
Occupation:	Occupation:				
Business Phone: Ext	Business Phone: Ext				
Cellular Phone:	Cellular Phone:				
Email Address:	Email Address:				
The above information will be used for emergency contact.  The above information will be used for emergency contact.					
Emergency Contact (other than Parent/Guardian)	Emergency Contact (other than Parent/Guardian)				
Last Name: First Name:	Last Name: First Name:				
Relationship to student:	Relationship to student:				
Home Address:	Home Address:				
Street and Mailing City Prov Postal Code	Street and Mailing City Prov Postal Code				
Home Phone: Unlisted $\square$	Home Phone: Unlisted				
Place of employment:	Place of employment:				
Occupation:	Occupation:				
Business Phone: Ext	Business Phone: Ext				
Cellular Phone:	Cellular Phone:				
Email Address:	Email Address:				
Can this contact person pick up the student?	Can this contact person pick up the student? $\square$ Yes $\square$ 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, <b>please arrange to meet with the school principal prior to the student attending school.</b> 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 was a surject and a surj					
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					