



# 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: 2023-2024

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

Registration Date: \_\_\_\_\_ dd-mmm-yyyy  Family Courier (oldest)

**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 #

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 leaving school grounds for lunch require a written note from their parents/guardians (or email to the school) prior to leaving school grounds.

## SIBLINGS

(Attending SD50 schools)

	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:  Massett  Skidegate

Status Card Number: \_\_\_\_\_

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.*