



SCHOOL DISTRICT 50

Haida Gwaii

StrongStart at Daaxiigan Sk'adáa

Née School

P.O. Box 208

Masset, BC V0T 1M0

Ph. (250) 626-3226

OFFICE USE ONLY:

School Year: _____

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: _____ - _____ - _____
 dd mmm yyyy

Gender: Female Male

Legal Last Name: _____

Usual Last Name: _____

Legal First Name: _____

Preferred First Name: _____

Legal Middle Name(s): _____

Preferred 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.

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	1	2	3	4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthdate (dd-mmm-yyyy)	_____	_____	_____	_____

Birthplace: _____	City	Province	Country
First Language: _____	Language used at home: _____	Language most used: _____	

Aboriginal Ancestry: <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please complete the following:	Band Name: _____	Band Number: _____	
Band of Residence:	Status: <input type="checkbox"/> Status on Reserve <input type="checkbox"/> Status Off Reserve <input type="checkbox"/> Non-Status		
<input type="checkbox"/> Massett <input type="checkbox"/> Skidegate	<input type="checkbox"/> Metis <input type="checkbox"/> Inuit	Other: _____	

Custody/Living Arrangements:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Joint Custody
<input type="checkbox"/> 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	<input type="checkbox"/>

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	<input type="checkbox"/>

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	<input type="checkbox"/>

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	<input type="checkbox"/>

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

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.