



SCHOOL DISTRICT 50

Haida Gwaii

StrongStart at Daaxiigan Sk'adaa

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: ☐ Yes ☐ No

If yes, please complete the following:

Band Name: _____ Band Number: _____

Band of Residence:

☐ Massett

☐ Skidegate

Status:

☐ Status on Reserve

☐ Status Off Reserve

☐ Non-Status

☐ Metis

☐ Inuit

Other: _____

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.

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.

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

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.