



SCHOOL DISTRICT 50

Haida Gwaii



Daaxiigan Sk'adáa Née
P.O. Box 208
Masset, BC V0T 1M0
Ph. (250) 626-3226



OFFICE USE ONLY

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

School Year: _____

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 # _____ City _____ Province _____ Postal Code _____

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.

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

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 INFORMATIONParent 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**.**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***** 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.

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