

Yellowknife Education District No. 1 Student Registration Form Junior Kindergarten - 12

This registration form is a legal document. It must be accurate and complete.

All information will be treated confidentially.

SCHOOL & PROGRAM	École Įtł'ò Mildred Hall School N.J. Macpherson School Range Lake North School École William McDonald Middle School École Sir John Franklin High School K'alemi Dene School (Ndilo) Kaw Tay Whee School (Dettah) Enroll my child in: English	JK - 5 French Immersion ¹ JK - 8 English; Wiilliideh/ Core French; Birchbark Discovery Centre JK - 5 English JK - 8 English; 6 IF ² ; 7 - 8 PIF ³ 6 - 8 English/FI ¹ ; 6 IF ² ; 7 - 8 PIF ³ 9 -12 English/ FI ¹ /PIF ³ JK-12 English & Wiilliideh (Ndilo) JK-8 English & Wiilliideh (Dettah) _¹French Immersion ²Intensive/³Post-Intensive French Grade:	;			
FORMATION		Legal Given Names:				
		Preferred First Name:				
		Gender:				
		Mobile Phone:				
		Postal Code:	_			
N M	Mailing Address: Same as Residence A	Address Yes No (if no, please complete below)				
ENT		Postal Code:	_			
	Ethnic Origin: Dene Metis Birth date:/MM/DD					
STUDI						
S		plete until copy of Health Card and Birth Certificate received)				
	(3					
ı		_ First Name:				
i	Last Name:					
i	Last Name:	_ First Name:				
z	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone:				
NOI	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext:				
Ĭ	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext:				
Ĭ	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext: Email:				
Ĭ	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext: Email: First Name:				
Ĭ	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Work Phone: Ext: Email: First Name: Yes No (if not, please complete below)				
Ĭ	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Work Phone: Ext: Email: First Name: Yes No (if not, please complete below) Postal Code:				
Ĭ	Last Name:	First Name:				
Ĭ	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext: Email: First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext:				
Ĭ	Last Name:	First Name:				
Ĭ	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext: Email: First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext:				
Ĭ	Last Name:	First Name:				
PARENT/GUARDIAN INFORMATION	Last Name:	_ First Name: No (if not, please complete below) Postal Code: Home Telephone: Ext: Email: Yes No (if not, please complete below) Postal Code: Home Telephone:				
Ĭ	Last Name:	_ First Name: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext: Email: Yes No (if not, please complete below) Postal Code: Home Telephone: Ext: Email: First Name: Yes No (if not, please complete below) Fostal Code: First Name: Ext: Email: First Name: No (if not, please complete below)				
Ĭ	Last Name:	First Name:				

TACT	* someone other than parent/guardian				
ONTA	Name: Re	Relationship:			
O	Daytime Telephone: Ex				
CY					
EMERGEN	Name: Re	Relationship:			
MER	Daytime Telephone: Ex	Ext:			
Ш					
NO	SIBLING INFORMATION: Please list names and what school they attend				
M	Name School				
INFORMATI					
(1)					
BLING					
SIB					
RY	SCHOOL HISTORY:				
0					
ESE .	Name of previous school attended: Phone Number:				
0	Mailing Address:	Fax Number:			
오					
SCI					
	Medical Issues (disabilities, allergies, hearing, speech deficits, etc.):				
CAL					
MED					
2					
	YK1 believes student work should be celebrated in a variety of ways. Frequently student work is displayed in the classrooms, in the hallways, with the local media or at special educational events within the district. Additionally, special student				
	activities may also be videotaped for educational purposes. In view of this, you are asked to complete the following				
NEN	permission form.				
& CONSENT	I allow the school to release my child's address and telephor	*	Yes No		
Ö	I allow the school to release my child's address and telephone number to Canadian Parents for French (CPF) Yes N				
∞ Z	I grant permission to the school and YK1 to record, display or reproduce my child's work for educational purposes YesN				
10	I grant permission to CPF to record, display or reproduce my child's work for educational purposes. YesNo				
OF INFORMATION	I grant permission for pictures and recordings of my child to appear on: School/district websites and newsletters. In addition, external reporters may publish photos of my child and/or recordings through their respective media channels. Yes No				
豆	recordings through their respective media channels. • Social media (Facebook and Twitter). In addition, external reporters may publish photos of my child and/or				
Z	recordings through their respective media channels.	, , , , , , , , , , , , , , , , , , , ,	Yes No		
	I grant permission for pictures and recordings of my child to appear on websites, social media and newsletters belonging to CPF. In addition, external reporters may publish photos of my child and/or recordings through their				
ELEASE	respective media channels. Yes				
RELE	I allow my child to be transported to and from, and to partici	· · · · · · · · · · · · · · · · · · ·	Yes No		
02	connected with educational programs sponsored by the sch		163 NO		
	I give consent to have the Yellowknife Settlement Workers in spossible for my family as a new immigrant.	scribols (swis) confact me to outline the supports	Yes No		

Canadian Anti-Spam Legislation – Express Consent In order for Yellowknife Education District No. 1 (YK1) to continue to keep you up-to-date on the latest school/school board news and events please provide your consent below to receive relevant school/ school board related news, information items and updates, events, meetings, professional development, products, services, announcements and similar activities, through email or other electronic communica-...CONSENT CONTINUED tions which may contain related offers, registration fees, tickets, advertisements, promotions or similar information. <u>Please check</u> all school and/or District email lists you would like to subscribe to: I give consent **O** YK1 O École Itl'ò ___ Yes ___ No O Mildred Hall School O N.J. Macpherson School O École William McDonald Middle School O Range Lake North School O École Sir John Franklin High School O K'àlemì Dene School O Kaw Tay Whee School **Please provide** Email address(es) to use for subscription: (please print clearly) SEARCH OF PROPERTY Students' lockers, desks and other property supplied by the school for student use are subject to occasional searches by the Principal or Assistant Principal in cases of emergency, hygienic necessity or suspected violation of law or school regulations. Replacement fees for lost locks will apply as per school procedures. **DECLARATION BY PARENT/LEGAL GUARDIAN DECLARATIO** I hereby declare that I am the (please circle one) parent or legal guardian referred to in this registration form and that I certify the foregoing information to be true, correct and complete. Signature:_____ Date:_____ If there is a custody order or your child has been designated as "Protected" and the court has issued a restraining order under the Children Law Act, the Child and Family Services Act, the Divorce Act or the Young Offenders Act and you wish school administration to be aware of any such order for the protection of your child, please make this information known to your school principal. Please provide copies of court documents and a list of persons not authorized to access your child. FOR SCHOOL USE ONLY

FOR SCHOOL USE ONLY
Ministry No.: ______ Homeroom Assigned: ______

Start date: _____ Date of Registration: _____

Courier Child: Yes / No

Day/month/year day/month/year