

Yellowknife Education District No. 1



Home Schooling Application & Student Registration Form

This form is for Home Schooling Parents only. It is a combination Home Schooling Application Form & Student Registration Form. It is a legal document and as such, must be accurate and complete.

All information will be treated confidentially.

- École [tł'ò (ITLO)

Mildred Hall School (MHS)

N.J. Macpherson School (NJM)

Range Lake North School (RLN)

École William McDonald Middle School (WMS)

École Sir John Franklin High School (SJF)
- ☐ K-5 French Immersion

☐ K-8 English

☐ K-5 English; K-5 Montessori;

☐ K-8 English; 7-8 Post Intensive French option;

☐ 6-8 English/French Immersion; 6 Intensive French;7-8 Post-Intensive French

☐ 9 -12 English/French Immersion

STUDENT INFORMATION

Legal Last Name: _____

Legal First Name: _____

Preferred Last Name: _____

Preferred First Name: _____

Home Phone: (867) _____

Cell Phone: _____

Grade: _____

Gender: Female __ Male __

Residence Address: _____

Postal Code: X1A _____

Mailing Address: Same as Residence Address ☐ Yes ☐ No

If no, please provide address details below: _____

Postal Code: X1A _____

Ethnic Origin*: Dene __ Metis __ Inuit __ Other __

Birth date: _____

***NOTE: District funding is based on this critical information**

(Day/Month/Year)

NT Health Care Number: _____

Language Spoken at Home: _____

NOTE: Registration Process is NOT complete until a copy of Health Card and Birth Certificate/ Passport is received.

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Legal Name: _____

First Name: _____

Residence Address: Same as Student Address ☐ Yes ☐ No

If no, please provide address details below: _____

Postal Code: X1A _____

Relationship: _____

Home Phone No: _____

Workplace: _____

Work Phone No: _____

Ext: _____

Alternate Phone(Cell): _____

E-mail: _____

Parent/Guardian 2

Legal Name: _____

First Name: _____

Residence Address: Same as Student Address ☐ Yes ☐ No

If no, please provide address details below: _____

Postal Code: X1A _____

Relationship: _____

Home Phone No: _____

Workplace: _____

Work Phone No: _____

Ext: _____

Alternate Phone(Cell): _____

E-mail: _____

ALTERNATE/EMERGENCY CONTACTS (Other than Parent or Guardian)

(Do not complete this section if you have already completed a Student Registration Form at the school.)

Contact 1

Name: _____

Relationship: _____

Daytime phone: _____

Ext: _____

Contact 2

Name: _____

Relationship: _____

Daytime phone: _____

Ext: _____

Medical Information

Medical Issues (disabilities, allergies, hearing, speech deficits, etc.):

Sibling Information

Please list names and what school they attend:

School History

Name of previous school attended: _____

Mailing Address: _____

Fax Number: _____

Home Schooling Information

Instructor(s): _____

**Instructor(s)
Qualifications:** _____

Reason(s) for Home Schooling: _____

Home Schooling Materials & Evaluation Process (curricula): _____

Additional Comments: _____

RELEASE OF INFORMATION

The school may release my child's address and telephone number to its school's Parent Advisory Committee:

I give consent ____ I do not give consent ____

Note: If 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 provide these details in writing to your school principal.

Should any of this information change, please inform the school as soon as possible.

Parent/Guardian Signature: _____ Date: _____

FOR SCHOOL USE ONLY

Ministry #: _____

Homeroom Assigned: _____

Start Date: _____
(Day/Month/Year)

Date of Registration: _____
(Day/Month/Year)