



# 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 Itt'ò \_\_\_\_\_ JK - 5 French Immersion<sup>1</sup>
- Mildred Hall School \_\_\_\_\_ JK - 8 English; Williideh/ Core French; \_\_\_\_\_ Birchbark Discovery Centre
- N.J. Macpherson School \_\_\_\_\_ JK - 5 English; \_\_\_\_\_ JK - 5 Montessori
- Range Lake North School \_\_\_\_\_ JK - 8 English; 6 IF<sup>2</sup>; 7 - 8 PIF<sup>3</sup>
- École William McDonald Middle School \_\_\_\_\_ 6 - 8 English/FI<sup>1</sup>; 6 IF<sup>2</sup>; 7 - 8 PIF<sup>3</sup>
- École Sir John Franklin High School \_\_\_\_\_ 9 -12 English/ FI<sup>1</sup>/PIF<sup>3</sup>
- K'alemi Dene School (Ndilo) \_\_\_\_\_ JK-12 English & Williideh (Ndilo)
- Kaw Tay Whee School (Dettah) \_\_\_\_\_ JK-8 English & Williideh (Dettah)

Enroll my child in: \_\_\_\_\_ English \_\_\_\_\_<sup>1</sup>French Immersion \_\_\_\_\_<sup>2</sup>Intensive/<sup>3</sup>Post-Intensive French

Grade: \_\_\_\_\_

STUDENT INFORMATION

Legal Last Name: \_\_\_\_\_ Legal Given Names: \_\_\_\_\_  
 Preferred Last Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Mailing Address: Same as Residence Address \_\_\_\_\_ Yes \_\_\_\_\_ No (if no, please complete below)  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Ethnic Origin: Dene \_\_\_\_\_ Metis \_\_\_\_\_ Inuit \_\_\_\_\_ Other \_\_\_\_\_  
 Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YYYY  
 NT Health Care Number: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_

**(Registration Process NOT complete until copy of Health Card and Birth Certificate received)**

PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Residence Address: Same as Student \_\_\_\_\_ Yes \_\_\_\_\_ No (if not, please complete below)  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Alternate No (cell): \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Residence Address: Same as Student \_\_\_\_\_ Yes \_\_\_\_\_ No (if not, please complete below)  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Alternate No (cell): \_\_\_\_\_ Email: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Residence Address: Same as Student \_\_\_\_\_ Yes \_\_\_\_\_ No (if not, please complete below)  
 \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Alternate No (cell): \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT

**\* someone other than parent/guardian**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Ext: \_\_\_\_\_

## SIBLING INFORMATION

**SIBLING INFORMATION: Please list names and what school they attend**

Name	School

## SCHOOL HISTORY

**SCHOOL HISTORY:**

Name of previous school attended: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## MEDICAL

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

## RELEASE OF INFORMATION &amp; CONSENT

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 permission form.

**I give consent**I allow the school to release my child's address and telephone number to School's Parent Advisory Committee.  **Yes**  **No**I allow the school to release my child's address and telephone number to Canadian Parents for French (CPF).  **Yes**  **No**I grant permission to the school and YK1 to record, display or reproduce my child's work for educational purposes.  **Yes**  **No**I grant permission to CPF to record, display or reproduce my child's work for educational purposes.  **Yes**  **No**

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**

- Social media (Facebook and Twitter). In addition, external reporters may publish photos of my child and/or 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 respective media channels.  **Yes**  **No**I allow my child to be transported to and from, and to participate in local educational trips or any activities connected with educational programs sponsored by the school including Aboriginal Education Culture Camps.  **Yes**  **No**I give consent to have the Yellowknife Settlement Workers in Schools (SWIS) contact me to outline the supports possible for my family as a new immigrant.  **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 communications which may contain related offers, registration fees, tickets, advertisements, promotions or similar information.

**Please check** all school and/or District email lists you would like to subscribe to: **I give consent**

- |   |  |                |
|---|--|----------------|
| <input type="radio"/> YK1                                 | <input type="radio"/> École J.H. Sissons                   | ___ Yes ___ No |
| <input type="radio"/> Mildred Hall School                 | <input type="radio"/> N.J. Macpherson School               |                |
| <input type="radio"/> Range Lake North School             | <input type="radio"/> École William McDonald Middle School |                |
| <input type="radio"/> École Sir John Franklin High School | <input type="radio"/> K'àlemì Dene School                  |                |
| <input type="radio"/> 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**

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**

Ministry No. : \_\_\_\_\_ Homeroom Assigned: \_\_\_\_\_

Start date: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

Courier Child: Yes / No

Day/month/year day/month/year

**Please inform the school ASAP if any of your information changes.**