



Yellowknife Education District No. 1

Student Registration Form—K-12

This registration form is a legal document. It must be accurate and complete.
All information will be treated confidentially.

SCHOOL & PROGRAM

École J.H. Sissons School K - 5 French Immersion (FI¹); User-pay preschool (FI¹)
 Mildred Hall School K - 8 English (Eng²); User-pay Preschool (Eng²)
 N.J. Macpherson School K - 5 English; K - 5 Montessori; User-pay preschool (Eng²)
 Range Lake North School K - 8 English; 6 IF³; 7 - 8 PIF⁴; User-pay preschool (Eng²)
 École William McDonald Middle School 6 - 8 English/FI¹; 6 IF³; 7 - 8 PIF⁴
 École Sir John Franklin High School 9 -12 English/ FI¹/PIF⁴
 K'alemi Dene School (Ndilo) JK-12 English & Weledeh (Community School of Ndilo)
 Kaw Tay Whee School (Dettah) JK-8 English & Weledeh (Community School of Dettah)

Enrol my child in: ²English ¹French Immersion ³Intensive/⁴Post-Intensive French

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 complete below)
 _____ Postal Code: X1A _____
 Ethnic Origin* Dene Metis Inuit Other Birth date: _____
 _____ Year/Month/Day
***Note: District funding is based on this critical information**
 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 No: _____
 Work Place: _____ Work Phone No: _____ Ext: _____
 Alternate No: (cell) _____ E-mail: _____

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

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

Name: _____ Relationship: _____
 Daytime Telephone No. : _____ Extension: _____

Name: _____ Relationship: _____
 Daytime Telephone No. : _____ Extension: _____

SIBLING INFORMATION

Please list names and what school they attend :

Name	School

SCHOOL HISTORY

Name of previous school attended: _____

Mailing Address: _____

Fax Number: _____

MEDICAL INFORMATION

Family Doctor: _____ Contact Number: _____

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

YK1 & Canadian Parents for French (CPF) 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 and/or Canadian Parents for French (CPF): Yes No

I grant permission to the school & CPF to record, display, or reproduce my child's work for educational purposes and pictures/recordings of my child on the school/district website, social media, newsletters. 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, school picnics, local school sports meets, local educational trips or any activities connected with educational programs sponsored by the school including Aboriginal Education Culture Camps. 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 after July 1, 2014, when Canada's Anti-Spam Legislation comes into effect, 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

- Yellowknife Ed. District No. 1 Range Lake North School
- Mildred Hall School École JH Sissons NJ Macpherson School
- École William McDonald Middle School École Sir John Franklin High School
- K'àlemì Dene School Kaw Tay Whee School

___ Yes ___ No

Please provide Email address(es) to use for subscription: (please print clearly)

SEARCH

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

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: _____

PROTECTED

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.

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

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