



Yellowknife Education District No. 1

Student Registration Form—Preschool

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 French Immersion
 Mildred Hall School English
 Range Lake North School English

Enrol my child in:

Full time (M/T/W/T/F): (8:30—3:30) _____

Part Time (M/T/W/T/F): A.M. (8:30—11:30) _____ P.M. (12:30—3:30) _____

I would like after school care: Yes _____ No _____

HEALTH

IMMUNIZATION & MEDICAL TREATMENT AUTHORIZATION

I give _____ (school's name) permission to seek medical attention for my child should they be unable to reach me. Yes _____ No _____

Immunization records on file _____ or Letter declining immunizations _____

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: _____

*Note: District funding is based on this critical information _____ Year/Month/Day

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: _____

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

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

MEDICAL INFORMATION

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

SIBLING INFORMATION

Please list names and what school they attend :

SCHOOL HISTORY

Name	School

Name of previous school attended: _____

Mailing Address: _____

Fax Number: _____

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

