

# 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.*

Ecole J.H. Sissons School (JHS)

Mildred Hall School (MHS)

N.J. Macpherson School (NJM)

Range Lake North School (RLN)

Ecole William McDonald Middle School (WMS)

Ecole Sir John Franklin High School (SJF)

K-5 French Immersion; User-pay Pre-school - French Immersion

K-8 English

K-5 English; K-6 Montessori; User-pay Pre-school

K-8 English; 6 Intensive French option; User-pay Pre-school

6-8 English/French Immersion; 7-8 Enhanced 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 or Birth Certificate 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.):

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#### Sibling Information

Please list names and what school they attend:

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#### 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)