



# SD #92 NISGA'A REGISTRATION FORM

SD #92 PO Box 240 Gitlaxt'aamiks(New Aiyansh), BC. V0J 1A0  
 Telephone (250) 633-2228 Fax (250) 633-2425 Email to: Sharlene Grandison (sgrandison@nisgaa.bc.ca)

<b>A COPY OF STUDENT'S BIRTH CERTIFICATE MUST ACCOMPANY THIS REGISTRATION FORM-UNLESS ALREADY ON FILE</b>	<b>OFFICE USE ONLY STUDENT #</b>	<b>PEN #</b>
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**Select School: PLEASE SEND REGISTRATION TO THE SCHOOL OF CHOICE**

Nisga'a K-12 School <input type="checkbox"/> Ph: 250-633-2225 Fax: 250-633-2669	Gitwinksihlkw Elementary School <input type="checkbox"/> Ph:250-633-2688 Fax:250-633-2916	Strong Start Ph:250-621-2000 Fax:250-621-3412 Gitlaxt'aamiks <input type="checkbox"/> Laxgalts'ap <input type="checkbox"/> Gitwinksihlkw <input type="checkbox"/> Gingolx <input type="checkbox"/>
Alvin A. McKay Elementary School <input type="checkbox"/> Ph: 250-621-3277 Fax:250-621-3220	Nathan Barton Elementary School <input type="checkbox"/> Ph:250-326-4206 Fax:250-326-4252	

**ALL FIELDS ARE REQUIRED. SCHOOLS MAY REQUEST ADDITIONAL INFORMATION**

Legal Last Name	Legal First Name	Legal Middle Names
Usual Last Name:	Usual First Name:	Usual Middle Name:
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: <b>(DD/MM/YYYY)</b>	COPY OF BIRTH CERTIFICATE MUST BE ATTACHED-Unless already on file Proof of age (Birth Certificate): Yes No
Present Home Phone:	Last Grade Completed:	Previous School Attended:
Present Street Address:	Town:	Postal Code:
Mailing Address (PO Box):	Town:	Postal Code:
Aboriginal Ancestry: Yes No	Band of Residence:	Nisga'a Citizenship #
Living with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	Custody if any: Attach Legal Document	
<b>Contact Information of person student is living with: (ANY LEGAL CUSTODY ISSUES)</b>		Relationship:
Last:	First:	
Street Address:	Mailing Address; (PO Box)	
Town/City:	Postal Code	
Email Address:	Home Phone #: Work Phone #:	
Name of Mother:	Email Address:	
Address:	Home Phone #: Work Phone #:	
Name of Father:	Email Address:	
Address:	Home Phone #: Work Phone #:	
Names of Brothers or Sisters in same school		

EMERGENCY CONTACTS			
Names in order to call:	Phone #s	Email address if available	Can this person pick up your child
1. Relationship:	Home: Work:		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Relationship:	Home: Work:		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Relationship:	Home: Work:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any additional contact information:			

MEDICAL INFORMATION – PLEASE NOTE ANY ALLERGIES	
Care Card #	Nisga'a Health Card #
Doctors Name	Phone #
Allergies:	Health Conditions:
<b><u>Are any of these allergies/health conditions life threatening?</u></b> Please explain	

PARENT/GUARDIAN'S SIGNATURE:	DATE:
CHILD'S NAME: GRADE:	EMAIL ADDRESS:

**PARENT/GUARDIAN'S MUST FILL OUT AND SIGN THE FOLLOWING  
CONSENT FORM**

**ALL STUDENTS and PARENTS MUST FILL OUT AND SIGN A LAPTOP  
Authorized Use Permit—SEE  
ATTACHED.**

# School District #92 (Nisga'a) K-12 Consent Form

**Student information is used for many purposes, including**

- Making the delivery of education more effective;
- Looking after student health and safety
- Scheduling student in classrooms
- Maintaining a Permanent Student Record as required under the *School Act*
- School boards and the Ministry of Education also use student information for research; however, these results are reported to the public in a way that does not identify individuals.

**PLEASE INITIAL EACH LINE YOU CONSENT TO: I give my consent for:**

— 1.	School District #92 to collect and used my child's personal information in a manner consistent with the Freedom of Information and Protection of Privacy Act and the BC School Act
— 2.	The release of my name, phone number, and address, for school communications purposes to School District Personnel, the Parent Advisory Council, or others responsible for organizing activities for our school. (There are occasions when our school would like to contact you directly about school issues or meeting, or to plan school related activities. Your personal information will not be disclosed to anyone for business or commercial purposes.
— 3.	The publication of my child's name, photograph and comments in the school yearbook or newsletter and on occasion, in the school district calendar, annual report, websites, or in the news media. (It is tradition in our school to allow district staff and the media to photograph individual students and groups of students to commemorate events and promote various educational, sports, and cultural events taking place in the district. While photographs add to the community life of our school, they are not required for educational purposes.
— 4.	My Child will participate in local, curriculum-based, field trips. (Local field trips may be organized to Nisga'a Elementary/Secondary School, Alvin A. McKay Elementary School, Gitwinksihlkw Elementary School, Nathan Barton Elementary School and other destinations in the Nass Valley.) Field trips outside of the catchment school will be by bus.
— 5.	YES, I want my child to be enrolled in the Aboriginal Language and Culture Program
— 6.	YES, I want my child to be enrolled in the Aboriginal Support Services Program
— 7.	I give my consent for my child to receive medical assistance in case of an emergency
— 8.	I AGREE, to assess my child's health daily and will not send my child to school if they are sick or if they have taken Tylenol(acetaminophen), Advil (ibuprofen), aspirin or any medication that would alleviate symptoms of fever, coughing, or runny nose.

**Parent/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_