



S D. #92 (Nisga'a) K-12 Registration Form

Telephone: 250-633-2228

Fax: 250-633-2401

Administration Only

PEN #

Student I.D #

A COPY OF STUDENT'S BIRTH CERTIFICATE MUST ACCOMPANY THIS REGISTRATION FORM

Select School: PLEASE SEND REGISTRATION TO THE SCHOOL OF CHOICE

<input type="checkbox"/> Nathan Barton Elementary School K-7 Ph.250-326-4206 Fx.250-326-4252	<input type="checkbox"/> Nisga'a K-12 School Ph.250-633-2225 Fax 250-633-2669	Strong Start Ph:621-2000 /Fx:621-3412 Gitlaxt'aamiks _____ Laxgalts'ap _____ Gitwinksihlkw _____ Gingolx _____
<input type="checkbox"/> Alvin A. McKay Elementary School K-7 Ph.250-621-3277 Fx.250-621-3220	<input type="checkbox"/> Gitwinksihlkw Elementary School K-7 Ph.250-633-2688 Fx.250-633-2916	

STUDENT INFORMATION

Legal Last Name:	Legal First Name:	Legal Middle Name(s):
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date Of Birth: (MM/DD/YYYY)	BIRTH CERTIFICATE MUST BE ATTACHED for Kindergarten Yes No on file
Previous School Attended:		Present Grade:
Aboriginal Ancestry: Yes No	Band Name	Band Number #:

Legal Parent(s)/Guardian(s)/Contact Information & Permanent Address

Custody/Guardian Agreement in Place: Yes No		*Attach Document(s)
Living with: ____ Both Parents ____ Mother ____ Father ____ Other		
1. Last Name:	First Name:	Home Phone #:
Relationship:		Email Address:
Street Address:		Mailing Address PO Box:
Town/City:		Postal Code:
2. Last Name:	First Name:	Home Phone #:
Relationship:		Email Address:
Street Address:		Mailing Address PO Box:
Town/City:		Postal Code:

EMERGENCY CONTACT Only if Parent cannot be reached First

Names in order to call	Relationship	(2) Phone #'s	Email Address	Can this person pick up your child?
1.		1. 2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		1. 2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		1. 2.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Additional Contact information or Comments:				

MEDICAL INFORMATION-PLEASE NOTE ANY ALLERGIES

BC Medical Care Card #	
Family Physician Name: Address: Phone #:	
Allergies:	Health Conditions:
Are any of these allergies / health life threatening? <u>Please explain.</u>	

Names of Brother(s) or/and Sister(s) in same school

PARENT/GUARDIAN'S SIGNATURE	DATE:

This form is complete School Office

Secretary: _____

Principal / Vice Principal _____