



# Yellowknife Catholic Schools

## Student Registration Form

To be officially registered as a student in a school operated by Yellowknife Catholic Schools, this student registration form must be completed and signed either by the parent or legal guardian. This registration form is a legal document and, therefore, the information requested must be accurate and complete. The school must be notified immediately of any changes to the information.

**Please Note:** It is important that original documents providing proof of age, legal names and citizenship be verified by the school. Acceptable vital statistics documents are: birth certificate, Canadian citizenship papers, adoption certificate. A copy will be retained on file.

École St. Joseph School     Weledeh Catholic School     École St. Patrick High School

English

French Immersion

English

French Immersion

**If Kindergarten, please identify your preference for one of the following:**

Kindergarten English Half-day

Kindergarten English Full day

Kindergarten F.I. Half-day

Kindergarten F.I. Full day

Kindergarten Bilingual Half-Day

Kindergarten Bilingual Full-Day

### STUDENT INFORMATION

NWT Health Care Number (Required)

Student's legal last name

Student's first name

Student's middle name

Student's preferred name (if different than legal name)

M    F

Gender

Home telephone no.

Grade

Birthdate (yy/mm/dd)

Language spoken at home

### STUDENT'S CURRENT STREET ADDRESS

Apt # or Suite #

Street address

City/Town

Postal Code

Mailing address (if different than street address)

Postal Code

**Student lives with** (please check one)

Both Parents    Other

Mother

Father

Guardian

Foster Home

**Ethnic background** (please check one)

Metis    Dene    Inuit    Other

**Family religion** (please check one)

Roman Catholic    Other

### THIS SECTION TO BE COMPLETED BY SCHOOL PERSONNEL ONLY

Registration date

Grade

Classroom placement

Birth Certificate    Adoption Certificate    Canadian Citizenship Papers

School's verification of birthdate & legal names

Signature of school representative

## PARENTAL/LEGAL GUARDIAN INFORMATION

If there are two parents or legal guardians, it is important to fill in both sections, whether or not the parents or legal guardians are living together. (A "legal guardian" is a person appointed by the court as the guardian. Documentation is required.)

### FIRST CONTACT

Name		Relationship to student	
Current street address (if different than student's)		Current mailing address (if different than student's)	
Home telephone	Cell Phone #	Place of employment	Business telephone
Parent's e-mail address		<input type="checkbox"/> Yes <input type="checkbox"/> No Are you homeowners of the above property	

### SECOND CONTACT

Name		Relationship to student	
Current street address (if different than student's)		Current mailing address (if different than student's)	
Home telephone	Cell Phone #	Place of employment	Business telephone
Parent's e-mail address			

### EMERGENCY CONTACTS

An "emergency contact person" is someone other than the student's parent or guardian, and will be contacted if the parent/legal guardian is unavailable.

	Emergency contact name	Home Phone	Cell Phone #	Work Phone
First				
Second				

### MEDICAL AND FAMILY INFORMATION

Does your child have any serious medical conditions about which you wish the school to be aware?  Yes  No

If Yes, please specify: (ie: allergies, asthma) \_\_\_\_\_

Emergency action required for the above: \_\_\_\_\_

Please note any family circumstances about which you wish the school to be aware: \_\_\_\_\_

	Name	Telephone no.
Student's Physician		
Babysitter/Daycare		

I give permission to the staff of Yellowknife Catholic Schools to take my child for treatment of illness or accident if the parent/guardian cannot be located.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## CUSTODY

In some instances, a child may be designated as "Protected" if a court has issued a restraining order under The Child Welfare Act, The Domestic Relations Act, The Divorce Act, or The Young Offender's Act.

Please indicate if the school administration should be aware of any such Court Order, for the protection of your child.

Yes  No

If "yes," you must provide legal documentation to support your request.

## SCHOOL HISTORY

	Name	City	Prov./Territory
Previous school attended			
Previous school district			

Mailing address of school last attended	Grade last attended	Date last attended

To your knowledge, does the school hold a confidential file on your child?  Yes  No  Not Sure

Has your child ever been formally assessed?  Yes  No

Has your child ever received any special programs?  Yes  No  
(psycho-educational, speech, hearing, behavioural, etc.)

If yes, please specify: \_\_\_\_\_

Did your child require special assistance?  Yes  No

If yes, please specify: \_\_\_\_\_

## BROTHERS/SISTERS (Please indicate pre-schoolers and older siblings)

Name	Birthdate (yy/mm/dd)	Age	School

## FOR NON-CATHOLIC FAMILIES ONLY

In a Catholic school system, the aim of education is not only the attainment of knowledge and skills but also the acquisition of Catholic Christian values. Students who come into our schools can expect that they will experience living in a Catholic Christian community.

I (name of parent), \_\_\_\_\_ hereby certify that I will allow my child, to attend religion classes and to participate in the religious activities in the school.

It is understood he/she will not participate in the sacraments.

## FRANCOPHONE RIGHTS

According to Section 27 of The Education Act and Section 23 of the Canadian Charter of Rights and Freedoms, a parent or legal guardian who is a Canadian citizen has the right to have his/her child(ren) receive school instruction in French. This applies if the parent/guardian is a resident of the NT, French was the first language learned and is still understood by at least one parent; or, one or more of the parents or one or more of their children have received or are receiving instruction in a French first language program or school (this does not include a French Immersion Program.)

Do you claim entitlement to a francophone education under the terms of The Education Act?  Yes  No

If YES, do you wish to exercise these rights?  Yes  No

## PARENTAL PERMISSION

This school believes that 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.

### Permission Granted

Do you wish to grant permission to the school to record, display, or reproduce your child's work for educational purposes and pictures of your child on the district website?  Yes  No

Do you wish to allow your 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?  Yes  No

Do you wish to allow the school to release your child's address and telephone number to the Public Health Authorities?  Yes  No

I allow the school to release my child's address and telephone number to the School's Parent Advisory Committee / Parent Advisory Group and the District CPF (Canadian Parents for French).  Yes  No

I give permission for Yellowknife Catholic Schools to obtain information related to my child's development from members of the Child Development Team at Stanton, YK Public Health, preschool and / or daycare programs. The purpose of this is to identify the appropriate grade placement and supports.  Yes  No

## 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.

## 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: \_\_\_\_\_

***ALL PLACEMENTS ARE SUBJECT TO A REVIEW DURING A TWO WEEK PERIOD SO THAT STUDENTS ARE PLACED IN THE BEST POSSIBLE LEARNING ENVIRONMENT.***

Yellowknife Catholic Schools adheres to The Access to Information and Protection of Privacy Act (ATIPP) of the N.W.T. You may direct questions regarding this form to the office collecting the information or to: ATIPP Coordinator at (867) 766-7404 (phone) or (867) 766-7401 (fax).