



N'KWALA SCHOOL STUDENT REGISTRATION 2016- 2017

Full Legal Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Band Name and Number: _____

Mailing Address:

_____ City: _____ Postal Code: _____

Physical Address:

Parents or/ Guardians:

Student lives with: Both Parents Mother Father Guardian

Father: _____ Band and Status #: _____

Address (if different from child): _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Fathers Email: _____

Mother: _____ Band and Status #: _____

Address (if different from child): _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Mother Email: _____

Guardian: _____ Band and Status #: _____

Address (if different from child): _____

Phone Numbers:

Home: _____ Work: _____ Cell: _____

Guardian Email: _____

Are there any legal custody issues that the school needs to be aware of?

Transportation:

Walk Car Ride Bus Route

Full Name of School Previously Attended:

_____ City: _____

Comments:

Medical Information

Student's Name: _____

Care Card #: _____

STUDENTS WILL NOT BE ADMITTED WITHOUT THEIR CARE CARD NUMBER

Health Concerns (Allergies, Medical Conditions...)

Briefly explain above conditions: _____

Does your child receive any ongoing medications for any medical conditions?

(i.e. allergies, asthma, diabetes, etc.) _____

In Case of Emergency, Illness or Injury Contact Information:

_____ Relation _____ Phone # _____

_____ Relation _____ Phone # _____

Family Doctor: _____ Phone # _____

CONSENT

It is the school's policy to notify the parent/guardian when a child is ill or requires medical attention. If we are unable to contact the parent/guardian and the child is in need of medical attention, parent/guardian consent is necessary for staff to take appropriate action on behalf of the child. Your CONSENT will accompany the child to the emergency center.

I authorize the staff of the N'kwala School to call a physician and to take my child to the nearest emergency center or summon an Ambulance for emergency medical aid. If medical services are required and I cannot be contacted; N'kwala School will proceed with required medical services. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of me.

Furthermore I understand that it is my responsibility to keep all of my contact information up to date with the school's secretary through the school year.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

*****Kindergarten students MUST submit a copy of their birth certificate with their registration forms *****

Legal Residency of Parent

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian.)

I am (Please chose one):

- A Canadian Citizen (if not born in Canada, please attach a photocopy of citizenship paper/card)
- A landed immigrant (attach photocopy of landed immigrant status paper)
- Lawfully admitted into Canada under one of the following documents:
- Admission as a refugee claimant
- A person claiming refugee status who has a letter of no objection
- Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one or more additional years)
- A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counterfoil in his/her passport)
- Other – Document description: (must be cleared with Immigration Canada)

Residency in British Columbia

2. I am a resident of British Columbia (Please chose one):

- Yes Residency address:

- No I am not a resident of British Columbia

Parent /Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____

Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to N'kwala School to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the N'kwala School Web site.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage:** I want my child's image used within the N'kwala School setting only (not in the larger community).
 - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within N'kwala School or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by N'kwala School for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records.

If you have questions, contact N'kwala School

Phone number: 250-350-3370

Fax: 250-350-3319

Email: nkwala@uppernicola.com

Principal Email: principal@uppernicola.com