



For Students enrolling for the first time, this application will be subject to review and approval.

Approval Date: _____

Administrator Name: _____

K4 TO GRADE 12 REGISTRATION

STUDENT INFORMATION

Legal Last Name: _____ Legal Middle Name: _____

Legal First Name: _____

Preferred Name: _____ Date of Birth (D/M/Y) _____

Gender: Male Female Non-Binary Grade Assignment: _____

Birth Place: _____ Birth Country: _____

Birth Certificate #: _____ Copy of Birth Certificate: Yes No

Home Language: _____ Aboriginal Ancestry: Yes No

Band Name: _____ Copy of Status Card: Yes No

Student's Physical Address: _____

Student's Mailing Address: _____

Previous School (if applicable): _____

Previous School Address (if known): _____

MOTHER/GUARDIAN'S INFORMATION

First & Last Name: _____ Home Phone: _____

Employer: _____ Cell Phone: _____

Physical Address: _____ Work Phone _____

Mailing Address: _____

Email Address: _____

FATHER/GUARDIAN'S INFORMATION

First & Last Name: _____ Home Phone: _____

Employer: _____ Cell Phone: _____

Physical Address: _____ Work Phone _____

Mailing Address: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Contact 1: _____ Home Phone: _____

Relationship to Student: _____ Cell Phone: _____

Contact 2: _____ Home Phone: _____

Relationship to Student: _____ Cell Phone: _____

BUSSING

Will your child be taking the bus? Yes No

If yes, physical address where your child will be picked up/dropped off: _____

CUSTODY AGREEMENT

Yes No

Please provide a copy upon registration or before first day of school.

EMERGENCY MEDICAL CONSENT

In the case of illness or accident involving my child and if, for any reason, I cannot be reached, I hereby authorize Chalo School staff or representatives to send for or have my child taken to:

Family Doctor: _____ Phone Number: _____

Family Dentist: _____ Phone Number: _____

Should the above not be available, I agree that Chalo School staff or representatives, in an emergency, may call upon the local hospital or ambulance. All costs incurred are the responsibility of the parent/guardian of the child.

Printed Name of Parent: _____

Signature of Parent/Guardian: _____ Date: _____

STUDENT'S HEALTH INFORMATION

Health Care Card Number: _____ Copy of Health Card: Yes No

Allergies: _____ Life Threatening: Yes No

Does your child have any of the following:

Vision Concerns? Yes No

Hearing Concerns? Yes No

Speech/Language Concerns? Yes No

Take Medication? Yes No

Formal Diagnosis? Yes No

Behavioural Concerns? Yes No

Academic Concerns? Yes No

IEP? Yes No

Specify and comment on items marked 'Yes':

PERMISSION FORM - FIELD TRIP / DAY TRIP

Over the school year, your child will be leaving the school grounds for a short-day trip (field trip). The school needs to have, on file, a statement of authorization signed by the parent or guardian in order for the child to participate in these day trips. Please indicate your choice, with a check mark below.

Child's Name (Print)

Child's Teacher

- I authorize my child to take part in occasional day trips.
- I do not wish for my child to take part in day trips. My child will remain at the school in the classroom.

Printed Name of Parent: _____

Signature of Parent/Guardian: _____ Date: _____

CONSENT FOR USE OF PERSONAL INFORMATION

In accordance with the Freedom of Information and Protection of Privacy Act, Chalo School requires consent to use personal information for purposes unrelated to educational programs.

There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities. To contact you for these purposes, we need consent for the disclosure of your name and phone number to Chalo School employees, our Parent Advisory Council or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

- I give my consent for release of my phone number for purposes consistent with the above.
- I do not give my consent for release of my phone number for purposes consistent with the above.

It is a tradition in our school to allow staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sport, and cultural events taking place in the school. While photographs add to the community life of our school, they are not required for educational purposes. As such, consent for the release of your child's name, photograph, and comments is required. Students' names, photographs, and comments may be published in the school yearbook or newsletter, and on occasion, in the news media, and/or our [Chalo School Facebook page](#).

- I give my consent for the publication of my child's name, photograph, and comments for purposes consistent with the above.
- I do not give my consent for the publication of my child's name, photograph, and comments for purposes consistent with the above.

Printed Name of Parent: _____

Signature of Parent/Guardian: _____ Date: _____

LANGUAGE INSTRUCTION FORM

At Chalo School we are able to offer your child the choice of Cree or Dene Language class. Students will have to choose only one of the language classes that we offer.

We offer a Dene Class, Cree Class and a Traditional Studies (Culture) Class. Please indicate your language instruction choice on the form below.

I would like my child to be enrolled in the following language class:

- Cree Language and Culture Class
- Dene Language and Culture Class

RELEASE OF CHILDREN TO ADULTS PROTOCOL

At Chalo School, we believe that the safety of children is paramount. Accordingly, the release of children from school into the care of adults will only be authorized when regulations below are met.

Guidelines:

1. All student records must contain up to date information regarding the custodial parent(s)/guardian(s). Such information will include address, home phone number, and work phone number. In addition, the records shall show an appropriate contact person for situations when the custodial parent(s)/guardian(s) cannot be reached. Any additional parental "access arrangements" shall be included in the student file.
2. Teachers may not authorize the release of students from school.
3. Where a valid reason exists to release the student from school the principal is authorized to make this decision. The principal shall only release a child to adults duly authorized in the student record. The principal may only release a child to another adult when the principal is in possession of written from the custodial parent(s)/guardian(s).
4. Under no circumstances, shall a student be release to a person who is suspected to be under the influence of narcotics or alcohol. In such circumstances, the student and the matter will be immediately brought to the attention of the principal. The principal will endeavour to contact other adults duly authorized in the student records to pick the student up.

Please list below authorized adults in which your child can be released:

Name	Phone Number	Relationship

STUDENT CODE OF CONDUCT POLICY 5070

1. All students in Chalo School are expected to
 - a. Treat others with dignity and respect.
 - b. Respect the rights of others to learn and work in an environment free from abuse, intimidation, harassment, bullying, disruption, or discrimination. (i.e. Discrimination on the basis of race, colour, ancestry, place of origin, religion, family status, physical or mental disability, sex or sexual orientation of that person or class of persons, gender identity or age).
 - c. Act in a safe and responsible manner toward themselves, others, and others' property.
 - d. Comply with classroom and school standards for attendance, promptness, language, and behaviour. Unacceptable behaviour can include, but is not limited to: bullying, cyber-bullying, harassment, intimidation, threatening or violent behaviours, verbal aggression or insults, calling someone derogatory names, harmful hazing or initiation practices, vandalizing personal belongings, and spreading malicious rumours, including the use of interpersonal and electronic communications, such as emails and texts.
2. The Code of Conduct applies while at school and at school-related activities. The school principal's authority to discipline students for violations of the Code of Conduct is not limited to behaviours which occur during the school day, or on school grounds. Any student behaviours which negatively impact the school environment, could be subject to disciplinary action.
3. The school will take all reasonable steps to prevent retaliation against any student or individual who reports a breach of Chalo School's Code of Conduct.
4. When a student's behaviour is inconsistent with our behaviour guidelines, action is taken. Each classroom teacher develops rules designed to protect the learning atmosphere in their classroom. Consequences are developed and administered to encourage students to respect and follow these rules.
5. The purpose of all intervention is to reinforce appropriate behaviour and to discourage inappropriate behaviour. School consequences are age-appropriate, reflect the maturity level of our students, and allow for special considerations based on special circumstances and/or students. Appropriate interventions may include:
 - a. Student conferences
 - b. Short-term removal from class to another supervised area
 - c. In-school detention
 - d. Parent contact/conference*
 - e. Suspension*
 - f. Referral for school-based student services*
 - g. Counselling for the student*

** Parents notified for all consequences beyond 'c'.*

Suspensions

Suspensions are used when other forms of intervention have been unsuccessful, or when a significant major infraction has occurred.

Printed name of Parent: _____

Signature of Parent/Guardian: _____ Date: _____

Credit Detail

* For Highschool Only *

	Orig Code	BC Code	Sch %	Q	Exam %	Final %	Date Completed	Credits		Year	School, City, Province (Teacher Name)
1							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
2							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
3							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
4							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
5							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
6							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
7							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
8							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
9							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
10							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
11							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
12							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
13							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		
14							<input type="checkbox"/> 30-Jan- <input type="checkbox"/> 30-Jun-		Equiv (OP) or		

CHALO SCHOOL
LETTER OF AUTHORITY – MEDICATION

The purpose of this form is to provide the School Principal with the necessary information and authority to administer medication to pupils who require it in order to function satisfactorily in school activities. This form must be completed and signed by Physician before administration of medication.

Attending Physician: _____ Phone Number: _____

Ailment: _____

Medication Prescribed: _____

Prescribed administering Directions: _____

Exact dosage: _____

Consequences of missing medication/incorrect dosage: _____

Emergency Procedures: _____

Side Effects: _____

I consider that the above medication and administration thereof during the school day to be in the best interest of the above named pupil, and hereby authorize its administration by the School Principal or delegate.

Attending Physician: _____

I hereby authorize the School Principal or designate to administer the medication as described above to my son/daughter and to contact the physician named above should there be any further questions or concerns. I further authorize the physician to release any information pertinent to this matter.

Signature of Parent/Guardian: _____ Date: _____

