



**Adult Education
REGISTRATION FORM**

STUDENT'S INFORMATION

Legal Last Name: _____ Legal Middle Name: _____
Legal First Name: _____
Preferred Name: _____ Date of Birth (D/M/Y): _____
Gender: Male Female Grade Assignment: _____

Birth Place: _____ Birth Country: _____
Birth Certificate #: _____ Copy of Birth Certificate: Yes No
Home Language: _____ Aboriginal Ancestry: Yes No
Home Phone: _____ Copy of Status Card: Yes No
Cell Phone: _____ Band Name: _____
Status Number: _____

Student's Physical Address: _____

Student's Mailing Address: _____

Previous School (if applicable): _____

Previous School Address (if known): _____

EMERGENCY CONTACT INFORMATION

Contact 1: _____ Home Phone: _____
Relationship to Student: _____ Cell Phone: _____
Contact 2: _____ Home Phone: _____
Relationship to Student: _____ Cell Phone: _____

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: _____

STUDENT'S HEALTH INFORMATION

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

Allergies: _____ Life Threatening: Yes No

**CHALO SCHOOL
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.

1. 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, home address, 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 home address and phone number for purposes consistent with the above. **Yes**

I do not give my consent for release of my home address and phone number for purposes consistent with the above. **No**

2. 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.

I give my consent for the publication of my name, photograph, and comments for purposes consistent with the above. **Yes**

I do not give my consent for the publication of my name, photograph, and comments for purposes consistent with the above. **No**

Students Name: _____

Student Signature _____