



## KINDERGARTEN TO GRADE 7 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

Copy of Status Card:  Yes  No

Band Name: \_\_\_\_\_

Status Number: \_\_\_\_\_

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: \_\_\_\_\_

### FATHER/GUARDIAN'S INFORMATION

First & Last Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mailing 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**

If there is a custody agreement in place, please provide details you wish for Chalo School staff to be aware of (we require a copy of this agreement and a copy will be placed in the child’s file):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 of Signature: \_\_\_\_\_

**STUDENT’S HEALTH INFORMATION**

Health Care Card Number: \_\_\_\_\_ Copy of Health Care Card:  Yes  No

Does your child have any of the following:

Vision Problems?  Yes  No Hearing Problems?  Yes  No Speech/Language Problems?  Yes  No

Take medication?  Yes  No

Specify and comment on items marked ‘Yes’:

Allergies: \_\_\_\_\_ Life Threatening:  Yes  No

Print Name of Parent/Guardian \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Date of Registration \_\_\_\_\_

School Authorization \_\_\_\_\_ Position \_\_\_\_\_  
Date of Registration \_\_\_\_\_

**CHALO SCHOOL  
PERMISSION FORM**

From time to time, over the school year, your child will be leaving the school grounds for a short day trip (field trip). Individual classroom teachers will notify parents of upcoming day trips through their newsletters. 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, regarding your child and return to the school as soon as possible.

\_\_\_\_\_ Child's Name (Print) \_\_\_\_\_ Child's Teacher \_\_\_\_\_

I authorize my child to take part in occasional day trips.  Yes

I do not wish for my child to take part in day trips. My child will remain at the school in the classroom.  No

Print Parent/Guardian's Name \_\_\_\_\_

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

Date \_\_\_\_\_

**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.

4021 FONTAS ROAD • RR1 MILE 295 ALASKA HIGHWAY • FORT NELSON, BC • V0C 1R0  
T: 250.774.7651 • F: 250.774.7655 • W: CHALOSCHOOL.BC.CA

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

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

Print Parent/Guardian's Name \_\_\_\_\_

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

Date \_\_\_\_\_

**CHALO SCHOOL  
LANGUAGE INSTRUCTION PREFERENCE FORM**

At Chalo School we are able to offer your child the choice of Cree or Dene Language class. Unfortunately, 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.

If you have any questions, please do not hesitate to call Principal Amanda Mercer at the school, 250.774.7651.

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

Cree Language and Culture Class

Dene Language and Culture Class

Print Parent/Guardian's Name \_\_\_\_\_

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

Date \_\_\_\_\_

**CHALO SCHOOL  
RELEASE OF CHILDREN TO ADULTS POLICY**

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)/guardians(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).

- 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 endeavor to contact other adults duly authorized in the student records to pick the student up.

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

1.

Name	Phone Number	Relationship
------	--------------	--------------

2.

Name	Phone Number	Relationship
------	--------------	--------------

3.

Name	Phone Number	Relationship
------	--------------	--------------

4.

Name	Phone Number	Relationship
------	--------------	--------------

5.

Name	Phone Number	Relationship
------	--------------	--------------

**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:** \_\_\_\_\_

**Telephone Number of Physician:** \_\_\_\_\_

**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:** \_\_\_\_\_