



**Chalo School**  
**NEW STUDENT REGISTRATION FORM**

Welcome to Chalo School!

Please complete this registration form to the best of your ability. It will help us ensure we do our very best for your child. If you have any questions – please just give us a call.

Richelle Anderberg, Principal

Enrollment Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

**STUDENT INFORMATION**

Legal FIRST Name \_\_\_\_\_ Legal LAST Name \_\_\_\_\_ Legal MIDDLE Name \_\_\_\_\_

Current Grade \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female \_\_\_ Non-Binary Date of Birth: \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Preferred Last Name \_\_\_\_\_

BC Personal Health Care Number \_\_\_\_\_

**PROPERTY ADDRESS**

**MAILING ADDRESS**

Street # & Name \_\_\_\_\_

RR #/PO Box \_\_\_\_\_

Apt # \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

**SCHOOL ADMISSION INFORMATION**

Previous School \_\_\_\_\_ Previous District \_\_\_\_\_ Previous City/Province \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

	#1 Parent/Guardian	#2 Parent/Guardian	#3 Parent/Guardian
Surname			
First Name			
Relationship to Student			
Home Phone			
Cell Phone			
Work Phone			
Work Place			
Email Address			
Address	<input type="radio"/> Same as student address	<input type="radio"/> Same as student address	<input type="radio"/> Same as student address
Street Address	Property Address (if not living with student)		
City			
Province			
Street Address	Mailing Address (if different than property address)		
RR#/PO Box			
City			
Province			

**EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED)**

	#1	#2	#3
Emergency Contact			
Relationship			
Home Phone			
Cell Phone			
	<input type="radio"/> Can pick up student	<input type="radio"/> Can pick up student	<input type="radio"/> Can pick up student
	<input type="radio"/> Lives with student	<input type="radio"/> Lives with student	<input type="radio"/> Lives with student

\*At Chalo School our procedure is to have authorization from a parent/guardian before releasing a child into the care of another adult.



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**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 the Parent/Guardian: \_\_\_\_\_

Signature of the Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS ONLY)**

Description of Condition \_\_\_\_\_

**HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS STUDENT MAY BE USING)**

Description of Condition \_\_\_\_\_

Is child currently on medication? If yes, please describe \_\_\_\_\_

\*If your child requires medication to be administered at school please fill out the Letter of Authority to Administer Medication Form

**STUDENT LEGAL ALERTS(COURT ORDERS ON FILE)\*** If applicable - please provide photocopies of court documents to the school.

Description of Court Order(s) \_\_\_\_\_

**ABORIGINAL ANCESTRY**

Is your child of Aboriginal Ancestry?  yes  no

If yes, please select appropriate status

- Metis
- Inuit
- Non-Status
- Non-Status On Reserve
- Status On Reserve
- Status Off Reserve

Band of Origin \_\_\_\_\_

Band of Residence \_\_\_\_\_

Status No. \_\_\_\_\_

Copy of Status Card  yes  no

**BUSSING**

Will your child be taking the bus?  yes  no

If yes, what is the physical address where your child will be picked up and dropped off? \_\_\_\_\_

**LANGUAGE INSTRUCTION REQUEST**

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

**STUDENT SUPPORT SERVICES**

Does your child have a diagnosis we should know about?  yes  no If so, please provide documentation \_\_\_\_\_



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Does your child need any of the following supports?

- |                 |  |                          |  |
|-----------------|--|--------------------------|--|
| Vision          | <input type="checkbox"/> yes <input type="checkbox"/> no | Behavior Support         | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Hearing         | <input type="checkbox"/> yes <input type="checkbox"/> no | Academic Support         | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Speech/Language | <input type="checkbox"/> yes <input type="checkbox"/> no | Social/Emotional Support | <input type="checkbox"/> yes <input type="checkbox"/> no |

Has your child had an Individual Education Plan?  yes  no If yes, please describe \_\_\_\_\_

**ADDITIONAL FORMS**

To help us support your child at Chalo please complete the following form attached:

- Field Trip Permission Form     Consent for Use of Personal Information

**PERMISSIONS**

This information will be used for educational programming and administrative purposes. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act (FIOPPA). If you have any questions please contact the Principal.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY		
Language Class	Documents Provided in File	Consent Forms Completed:
<input type="checkbox"/> Dene	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Field Trip Permission Form
<input type="checkbox"/> Cree	<input type="checkbox"/> BC Care Card	<input type="checkbox"/> Consent for Use of Personal Information
	<input type="checkbox"/> Court Documents(if applicable)	<input type="checkbox"/> Authority to Administer Medication (if applicable)