



Tseil-Waututh Nation  
**sx<sup>w</sup>netəłəw̓tx<sup>w</sup> school**  
 Student Registration Package

Student Information					
Entering School Year		9/5/2017		Entering Grade	
Last Name		First Name		Middle Name	
Male <input type="checkbox"/>		Female <input type="checkbox"/>		Birthdate	
Address			City	Postal Code	
Previous School		City		Province	
Primary Language Spoken at Home					
Special Learning Considerations					
ELL <input type="checkbox"/>		Learning Assistance <input type="checkbox"/>		SPED <input type="checkbox"/>	
Medical Alerts		Anaphalaxis <input type="checkbox"/>		Diabetes <input type="checkbox"/>	
		Asthma <input type="checkbox"/>		Clotting Disorder <input type="checkbox"/>	
		Special Needs <input type="checkbox"/>		Other	
Doctor Name		Doctor Phone Number		Care Card	
Aboriginal Ancestry					
Yes <input type="checkbox"/>		No <input type="checkbox"/>		On Reserve <input type="checkbox"/>	
				Off-Reserve <input type="checkbox"/>	
				IRS <input type="checkbox"/>	
Parent/ Guardian Information (FOR STUDENTS UNDER 19 ONLY)					
Student Lives With				Parent <input type="checkbox"/>	
				Guardian <input type="checkbox"/>	
				Other <input type="checkbox"/>	
Caregiver					
First Name		Last Name		Address	
Email		Home Phone		Cell	
Legal Guardian (FOR STUDENTS UNDER 19 ONLY)					
First Name		Last Name		Address	
Email		Home Phone		Cell	
Emergency Contact					
First Name		Last Name		Address	
Email		Home Phone		Cell	



#### Applicant Declaration and Agreement

The information on this form is collected in order to meet the requirements of Indigenous and Northern Affairs Canada's Elementary and Secondary Education Program. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the Principal.

I certify that the above information is correct and valid of this date.

Name		Signature		Date	
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#### Consent for Release of Information

By signing this, I hereby give consent for the disclosure of my child \_\_\_\_\_ student records to the Tsleil-Waututh Nation Education Department for the purposes of advocacy, service provision, counselling and special education service allocations, and determining education financial supports. Student records include attendance, registration information, school fee records, academic transcripts, teacher progress reports, educational assessments, behavioural records, expulsions, suspensions, and referrals.

Name		Signature		Date	
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#### Photo/Media Release

By signing this, I hereby give consent to Tsleil-Waututh Nation staff to use quotes, videotapes and pictures of \_\_\_\_\_ for any lawful purpose, including for example, such purposes as publicity, illustration, advertising, and Web content.

Name		Signature		Date	
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#### Field Trip Consent

By signing this, I hereby give consent to allow \_\_\_\_\_ to participate in any school related field trips during the 2017/2018 school year. I understand that certain risks and hazards are inherent in these activities. I hereby release, absolve indemnity, and hold harmless the Tsleil-Waututh Nation Staff, and sx<sup>w</sup>netəłəwtx<sup>w</sup> school staff.

Name		Signature		Date	
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