

**1. STUDENT INFORMATION**

Write the student's legal surname (last name) and first name below. These are the names of the student's birth certificate or adoption papers.

Student's Surname: \_\_\_\_\_

Student's Given Name(s): \_\_\_\_\_

**Grade Level:** \_\_\_\_\_ **Advisory:** \_\_\_\_\_

NT Health Care Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth Date (month/day/year): \_\_\_\_\_

Student's Home Telephone No.: \_\_\_\_\_

Student's Address: Apt. \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

P.O. Box, RR#: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Student Resides with: \_\_\_\_\_  
(Names)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(E-mail address)

Student's Ethnic Origin: Dene \_\_\_\_\_ Metis \_\_\_\_\_ Inuit \_\_\_\_\_ Non-Native \_\_\_\_\_

Medical Problems (disabilities, allergies, hearing, speech deficits, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL HISTORY (if new to École Sir John Franklin High School)**

Name of previous school attended: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/Province/Postal Code: \_\_\_\_\_

Cumulative, Confidential and/or health records will be requested from the previous school.

**TRANSPORTATION CONSENT**

I (we) hereby consent [ ] / do not consent [ ] to allow my child to be transported to and from and to participate in school picnics, local school sports meets, local educational trips, or any activities connected with educational programs sponsored by the school.

**COPYRIGHT PERMISSION**

This school believes that student work should be celebrated in a variety of ways. Frequently student work is displayed in classrooms, in the hallways, with the local media, or at special educational events within the district. Additionally, special student activities may also be videotaped for educational purposes. In view of this, you are asked to complete the following permission form.

Permission is granted [ ] / or is not granted [ ] to the school to record, display, or reproduce my child(ren)'s work for educational purposes.

**RELEASE OF INFORMATIONS**

Permission is granted [ ] / or is not granted [ ] to the school to release my child(ren)'s address and telephone number to the school's PAC [ ] and/or to the Public Health Authorities [ ].

**PHOTO CONSENT**

The school sends out a monthly newsletter which contains pictures of students and school life. Your signature below will provide your consent in the event that a photograph of your son/daughter participating in a school event is published.

**SEARCH OF PROPERTY—WAIVER FORM**

Students' lockers, desks and other property supplied by the School for students' use are subject to occasional searches by the Principal in cases of emergency, hygienic necessity or suspected violation of law or school regulations.

Locker No. \_\_\_\_\_

**SIGNATURES:**

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

## 2. EMERGENCY CONTACT (OR BABYSITTER WHERE APPLICABLE)

An "emergency contact person" is someone other than the student's parent or guardian.

Emergency Contact's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Apt. \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Work Telephone No.: \_\_\_\_\_

## PARENT (OR LEGAL GUARDIAN) RESIDENCY INFORMATION

If there are two parents or legal guardians, it is important to fill in both sections 3 and 4, whether or not the parents or legal guardians are living together. (A "legal guardian" is a person appointed by the court as the guardian. Documentation is required.)

### 3. MOTHER / LEGAL GUARDIAN

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Apt.: \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

P.O. Box No.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Ext.: \_\_\_\_\_

### 4. FATHER / LEGAL GUARDIAN

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Home Telephone No.: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Apt.: \_\_\_\_\_ Street #: \_\_\_\_\_ Street Name: \_\_\_\_\_

P.O. Box No.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Ext.: \_\_\_\_\_



## YELLOWKNIFE EDUCATION DISTRICT NO. 1 OF THE NORTHWEST TERRITORIES

BOX 788  
YELLOWKNIFE, N.W.T.  
X1A 2N6  
PHONE: (867) 766-5050  
FAX: (867) 873-5051

## STUDENT REGISTRATION

Before a student can be admitted by a school, a student registration form must be completed in its entirety and signed by the parent or legal guardian.

This registration form is a legal document. It must be accurate and complete. *All information will be treated confidentially.*

Please inform the school when important information has changed, such as:

- Legal name of the student or parent/guardian
- Address of the parent/guardian
- Legal relationship to student
- Decision to exercise francophone rights

### PLEASE READ THIS INFORMATION BEFORE COMPLETING THE REGISTRATION FORM.

School: École Sir John Franklin High School

Student's Name: \_\_\_\_\_  
Surname Given Names

Date of Registration: \_\_\_\_\_  
month / day / year

#### For School Office Use Only

#### School Fees (\$100):

\_\_\_\_ Registration for current school year

\_\_\_\_ Paid

\_\_\_\_ Pre-registration for next school year

\_\_\_\_ Documented change in information

School Assigned Student No.: \_\_\_\_\_