



Grade assigned to:
Teacher:

Student's Catchment School:

Stz'uminus Primary School Junior K to Grade 5

Stz'uminus Community School Grades 6 to 12

Thuq'min Adult program

STUDENT INFORMATION

LEGAL Last Name: (as per Birth Certificate)	LEGAL First Name: (as per Birth Certificate)	LEGAL Middle Name: (as per Birth Certificate)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
USUAL Last Name: (if different)	USUAL First Name: (if different)	USUAL Middle Name: (if different)	Age:

Birth Date: MONTH DAY YEAR	Home Phone No: <input type="checkbox"/> check if unlisted)	Cell Phone No:	Email:
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PHYSICAL ADDRESS

Street Number:	Street Name:	Apt. No:	City:	Province:	Postal Code:
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MAILING ADDRESS Same as Physical Address Or complete section below

City:	Province:	Postal Code:
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Grade Entering:	Previous School (or Strong Start Centre): Name: Address:
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Proof of Age: Birth Certificate

PLEASE COMPLETE:

Status On Reserve Status Off Reserve Métis Non-Status Inuit Status Number: _____

Band of Residence (where student is living): _____ Band of Origin: _____

CUSTODY: Both Parents (Live Together) Mother Father Joint (Live Apart) Other (specify) _____

Please provide any legal documents for student file.

Yes, we need transportation to and from school (if so, review the School Bus code of conduct provided in the consent area).

PARENT INVOLVEMENT IN SCHOOL: Our policy encourages the involvement of a child's parents in his/her education. The registering parent is responsible for ensuring the registration form's parent/guardian information section is complete and accurate. If legal papers and/or court documents exist regarding custody, guardianship or limitations placed on the involvement of a parent, please be sure to submit a copy with the registration form. If concerns exist regarding the involvement of a parent, please inform the administration.



PRIMARY CONTACT 1: LIVES WITH STUDENT? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No			Parental Authority/Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other (specify)				
Last Name:	First Name:	Primary (Home) Phone No:	Cell Phone No:	
Email Address:		Work Phone & Extension:		

PRIMARY CONTACT 2: LIVES WITH STUDENT? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No			Parental Authority/Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other (specify)				
Last Name:	First Name:	Primary (Home) Phone No:	Cell Phone No:	
Email Address:		Work Phone & Extension:		

EMERGENCY CONTACTS: In the event primary contacts are not available.				
1st EMERGENCY CONTACT (other than primary contact)			Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:			Relationship to Student:	
Home Phone No:	Cell Phone No:	Work Phone No. & Extension:		
2nd EMERGENCY CONTACT (other than primary contact)			Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name:			Relationship to Student:	
Home Phone No:	Cell Phone No:	Work Phone No. & Extension:		

STUDENT MEDICAL INFORMATION					
Medical Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, is it Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No		★	If yes selected. Please fill in medical form provided at the front desk of the schools.
Family Doctor's Name	Doctor's Phone number		** Student's Care Card number		



CONSENT INFORMATION (You may withdraw this consent at any time by contacting your school)

The schools would like to take photographs and recordings of students, capturing school activities and events, may be taken throughout the year. These images and media are used to showcase and promote the school community through our website, social media, newsletters, and other marketing materials yes No

My child can attend walking field trips within the Stz'uminus community without a field trip permission form being sent home: Yes, No

My child may be seen by the SFN Health Practitioner for care or brought to hospital for treatment. Yes No

I give permission for my child to walk home to and from school Yes No

SCHOOL BUS CODE OF CONDUCT

1. Students must ride the bus to which they are assigned and get on/off at their regular bus stop.
**Emergency only for change of pick up/drop off – call (250) 245- 6650 Ext # 3005 for Marvin Seymour – Transportation Manager OR front desk of school your child(ren) are attending.
2. Talk quietly so the driver will not be distracted.
3. Use appropriate language at all times.
4. Respect the rights of all others on board.
5. Remain seated while the bus is in motion.
6. Keep all parts of your body inside the bus (do not hang any parts out the window).
7. Keep emergency exits clear of obstacles and closed.
8. Vandalism on a school bus will not be tolerated and students will be held responsible for any damages.
9. Clean up after yourself. Save your litter for the litter bin at the front of bus.
10. Absolutely no smoking, vaping, use of matches or lighters on any buses or school property.
11. All buses are equipped with interior and exterior cameras.
12. Code of Conduct breaches will be addressed in writing.

❖ **The parent MUST be visible to the bus driver at the time of drop off for younger students. If not, the student will be transported back to the school, then it will be the parents' responsibility to find a ride for the child home.**

❖ The driver is in charge of the school bus, and students shall follow his/her directions promptly and at all times for safety of all students.

Check box to indicate you have read and shared the above Code of Conduct with your child/ren and understand the bus rules.

PARENT/GUARDIAN NAME _____

SIGNATURE _____

Siblings: _____



OFF USE ONLY

OFFICE USE ONLY								
	P.E.N.	Grade	Date Received			Projected Start Date		
			MONTH	DAY	YEAR	MONTH	DAY	YEAR
<input type="checkbox"/> Student is Off Reserve <input type="checkbox"/> Student is On Reserve		<input type="checkbox"/> Records requested _____						

	Up-dated photo
	Copy of Birth Certificate
	Proof of Residence
	Legal documents
	Medical form