



P.W. KAESER HIGH SCHOOL REGISTRATION FORM 2016 - 2017

Today's Date: <i>yyyy / mm / dd</i>		Health Care #:	
Students Last Name:		First Name:	
Ethnicity: Treaty #:	Date of Birth: <i>yy / mm / dd</i>	Grade:	Sex
Previous School and address: (if not at PWK/JBT last year)			
Student's Current Mailing Address: PO Box: _____ Fort Smith, NT X0E 0P0		Student's Cell: _____ Street Address: _____ Home Phone: _____	
Mother's Name:			
Mother's Email:		Work Phone/cell:	
Father's Name:			
Father's Email:		Work Phone/cell:	
Guardian's Name:			
Guardian's Email:		Work Phone/cell:	
Medical conditions?			
<input type="checkbox"/> Provide a copy of the student's birth certificate. (NEW TO PWK ONLY)			
Office Use Only:	Data entered by/date:		NWT Student #:

See over >>>>>

