

Joseph Burr Tyrrell School

Registration Form

- Health Card
- Birth Certificate
- Snack Form
- Second Language

Information in this form is required under section 151(1) of the NWT Education Act (S.N.W.R. 1996, C. 10 July 1, 1996). This information is used to assess the appropriate educational program for the student, to provide information pertinent to the student's safety and for effective communication between the education authorities and the student's parent/guardian. The data may be analyzed statistically to provide funding information for the South Slave Divisional Education Council, however, individual student data will be kept strictly confidential. Further information on the privacy of student data may be obtained by contacting the ATIP Co-Ordinator, SSDEC, Box 819, Fort Smith, NT. (867) 872-5701.

1. Student's Name: _____
(first) (middle) (last)

2. Street Address: _____

3. Mailing Address: Box _____ 4. Home Phone: _____

5. Date of Birth: _____ 6. Gender: _____

7. Current Grade: _____ 8. Health Care Card: _____

9. Ethnicity: (required for funding purposes in the NT)

Dene _____ Metis _____ Inuit _____

Non-Aboriginal _____ Southern Aboriginal _____

10. Languages spoken at home: _____

11. Father's Name: _____ Cell phone#: _____

12. Workplace AND Phone #: _____

(Attending Aurora College? Which program / phone#: _____)

13. Mother's Name: _____ Cell phone#: _____

14. Workplace AND phone #: _____

(Attending Aurora College? Which program / phone#: _____)

15. Guardianship detail: Child lives with (please circle)

Mother, Father, Both Parents, Guardian

Name of Guardian: _____ Cell phone#: _____

Workplace and phone #: _____

(Attending Aurora College? Which program/phone#: _____)

16. Family email address: _____

(Please complete reverse side of this page. Thank you!)

17. **ADDITIONAL EMERGENCY CONTACT PERSON** (if parent/guardian cannot be reached)

Name: _____ Phone #: _____

18. **Child's Medical Information:**

a. Does your child have any allergies / health concerns we should be aware of?

If yes, please clarify: _____

b. Are your child's immunizations up to date? _____

c. Is your child on any medication? Please clarify _____

d. Do you have any other concerns that you feel we should be aware of?

19. **Last School:**

a. Name of previous school: _____

b. Community of previous school: _____

Please circle your preference:

English Immersion / French Immersion (K/1 only) / Undecided

JBT Placement _____

PLEASE READ AND SIGN:

CONSENT TO PHOTOGRAPH, RECORD, VIDEO, PUBLISH, DISPLAY, DISTRIBUTE OR BROADCAST IMAGES OF STUDENTS AND / OR THEIR WORK

During the school year, students are occasionally videotaped, recorded and/or photographed for a variety of reasons such as school awards, special recognition, yearbooks, video projects, news programming and for the making of promotional materials. The student's name, school and grade may accompany such photographs, videos or web pages.

Some of these photographs/video images may be published, displayed, distributed or broadcast outside of the school network, including in news casts, on websites and/or in social media such as our **Facebook** sites.

Please fill in the requested information and check either YES or NO below to indicate whether you wish to give consent or not.

I hereby release JBT School, the Fort Smith District Education Authority, the South Slave Divisional Education Council and the Government of the Northwest Territories from any liability or damage resulting from, or connection with, the display, publication, distribution or broadcast of my child's image, name or work.

YES _____

NO _____

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____