



Lutsel K'e Dene School  
PO Box 80  
Lutsel K'e, NT, X0E 1A0  
PH: (867) 370-3131  
Fax: (867) 370-3017

Lutsel K'e Dene School Registration Form  
2016-2017

\_\_\_\_\_

Date: \_\_\_\_\_ Health Care Number: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Ethnicity:            Dene            Metis            Inuit            Other

Treaty # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_

Student's Mailing Address:

PO Box \_\_\_\_\_  
Lutsel K'e, NT  
X0E 1A0

Home Phone Number:

\_\_\_\_\_

Previous School Address

School: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

ECE Student Number: \_\_\_\_\_

Parent/Guardian Information

Mother's Name: \_\_\_\_\_ Mother's E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone #:

\_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Medical Conditions/Allergies we need to be aware of:    Yes No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency contact information:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Consent to Photography/Video/Record/Display Student's Work

I, \_\_\_\_\_ (parent/guardian), give permission to have my child's photograph taken during daily activities, on the land programs, or any special events that happen throughout the year. Some photo's/videos/images may be published or displayed outside school in newspapers, the school website, or other publications or websites through the ssdec (South Slave Divisional Education Council).

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

