

## **JBT INFORMATION UPDATE FORM**

Dear Parents/Guardians:

Please complete this form and return it to JBT School by \_\_\_\_\_.

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Box Number: \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_

**Health Care #:** \_\_\_\_\_

Ethnic Origin (for funding purposes): Dene\_\_\_\_ Metis\_\_\_\_ Inuit\_\_\_\_ Southern Aboriginal\_\_\_\_  
Non-Aboriginal \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Workplace and phone # \_\_\_\_\_

Attending Aurora College? Which program/phone#: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Workplace and phone #: \_\_\_\_\_

Attending Aurora College? Which program/phone#: \_\_\_\_\_

Family Email address: \_\_\_\_\_

Guardianship detail: Child lives with (*please circle*) Mother, Father, Both Parents, or Guardian

Name of Guardian: \_\_\_\_\_ Cell phone# \_\_\_\_\_

Workplace and phone # \_\_\_\_\_

Attending Aurora College? Which program/phone#: \_\_\_\_\_

**Additional** Emergency name and number (if parents/guardian cannot be reached):

\_\_\_\_\_

Does your child have any allergies or health concerns that we should be aware of?

\_\_\_\_\_

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

\_\_\_\_\_

**Please see reverse side of page.**

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**PLEASE READ AND SIGN:**

I GIVE PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN AND, WHEN REQUIRED, TO BE TRANSPORTED ON **FIELD TRIPS** WITHIN THE COMMUNITY.

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**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: \_\_\_\_\_

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