Joseph Burr Tyrrell Elementary School

232 McDougal Road / Bag Service #1, Fort Smith, NT, X0E 0P0
Tel: 867-872-4528 FAX: 867-872-2448 mmacdonald@ssdec.org

Registration Form

School year: 2025-2026 Class: _____ Grade:_____

Health Card	**Birth Certificate**
Status Verification	Second Language
Snack Form	_____

Enroll my child in: ____ English ____ French Immersion

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

2. Street Address: _____

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

5. Date of Birth:(M/D/Y) _____/_____/_____ 6. Gender/Identifies as: _____

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

9. **Ethnicity: (required for funding purposes in the NT)**
Dene_____ Metis_____ Inuit_____ Non-Aboriginal_____ Southern Aboriginal_____
Treaty # _____ Metis #_____ Band Name: _____

10. Languages spoken at home: _____

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

12. Workplace AND Phone #: _____
(Attending Aurora College? Which program / phone#: _____)

13. Dad's Email address: _____

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

15. Workplace AND phone #: _____
(Attending Aurora College? Which program / phone#: _____)

16. Mom's Email address: _____

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

Name of Guardian: _____ Cell phone#: _____
Workplace and phone #: _____
(Attending Aurora College? Which program/phone#: _____)

18. **Family email address**: _____

Full Names of siblings@JBT:

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

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

Name: _____ Phone #: _____

20. 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?

_____

21. Last School:

Name: _____ Community: _____

PLEASE READ, FILL IN & SIGN in 2 places:

I GIVE PERMISSION FOR _____TO PARTICIPATE IN AND, WHEN REQUIRED,

(Please print student's name)

TO BE TRANSPORTED ON FIELD TRIPS DURING REGULAR SCHOOL HOURS.

Parent/Guardian Signature: _____ Date: _____

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 injury or loss while on a school field trip during school hours.

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: _____

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.