

Chief Sunrise Education Centre

Box 3055, Hay River, NT, X0E 1G4

Tel: (867) 874-6444

Fax: (867) 874-3678



REGISTRATION FORM

Date of Registration: _____

Student Name: _____

Male: _____

Female: _____

Date of Birth: _____

Health Care # _____

Home Mailing Address: _____

Ethnic Origin: _____ Metis _____ Treaty _____ Inuit _____ Unknown

_____ Dene _____ Non Aboriginal

Mother's Name: _____

Phone: (H) _____

Phone: (W) _____

Father's Name: _____

Phone: (H) _____

Phone: (W) _____

Guardian's Name: _____

Phone: (H) _____

Phone: (W) _____

Emergency Contact (In Case Of Emergency Please Call)

Name: _____

Phone: _____

Phone: _____

Last School Attended: _____

Address of Last School: _____

Phone: _____

Last Grade: _____

Health Information: (Special Needs and/ or medical information of which the school should be aware)

Allergies: _____

Special Medication: _____

Any medical conditions which could limit physical activity: _____

Information in the form is required under section 151 (1) of the Education Act of the NWT (SNWT 1996, c 10 July, 1996) This information is used to assess the appropriate education program for the student and to provide information pertaining to the student's safety and effective communication between the educational authorities and the student's parents/ guardian. The data may be analyzed statistically to provide funding information for the South Slave Divisional Education Council, but individual student data will be held strictly confidential. Further information on the privacy of student data may be obtained by contacting the ATTP Coordinator, South Slave Divisional Education Council, P.O.

Box 510 Fort Smith NT X0E-0P0