



HARRY CAMSELL K-3 SCHOOL REGISTRATION FORM GRADES 1, 2, & 3



Information in this form is required under Section 151(1) of the Education Act of the N.W.T. (S.N.W.T., c. 10, July 01, 1996). This information is used to assess the appropriate education program for the student and to provide information pertinent to the student's safety and 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, but data may be obtained contacting the ATIP Coordinator, South Slave Divisional Education Council, P.O. Box 510, Fort Smith, NT X0E 0P0, Phone number (867) 872-5701.

1. Name: _____
(first) (middle) (last)

2. Date of Birth: _____ Male/Female: _____
(month / day/ year)

3. Proof of the student's age must be presented:
Birth Certificate #: _____ or Health Card #: _____
Province/Territory _____ Province/Territory _____

4. Ethnic Origin: Dene _____ Metis _____ Inuit _____ Other than these 3 _____

5. Mother Tongue: Chipewyan _____ Inuktitut _____
Dogrib _____ Loucheax _____
French _____ Slavey _____
English _____ None of the above _____

6. Single or Two parent family? _____ If single, who has custody? _____

7. Father's Name: _____

Place of employment: _____ Work # _____

8. Mother's Name: _____

Place of employment: _____ Work # _____

9. Child's Home Address: _____

Postal Code: _____ Phone # _____

Mailing address if different from above: _____

10. Second Parent's address (if different from child's) _____

11. Child's Medical Background:

a) Does your child have any allergies? Yes / No

If yes, please clarify: _____

b) Does your child have any chronic health problems? Yes / No

If yes, please clarify: _____

c) Is your child currently on any medication? Yes / No

If yes, please clarify: _____

d) Are there any concerns regarding your child's health? Yes / No

If yes, please clarify: _____

e) Are your child's immunizations up to date? Yes / No

If no, please clarify: _____

Please list any childhood illnesses (including communicable diseases your child has experienced). _____

12. Brothers and ages? _____

13. Sisters and ages? _____

14. INCASE OF EMERGENCY CONTACT: _____

_____ Phone #: _____

15. If child is transferring from another school, give name and address of previous school:

OFFICE USE ONLY

Date: _____

Teacher: _____

Grade: _____