

<b>OFFICE USE ONLY</b>		<b>Programs</b>	<input type="checkbox"/> ELL
Grade: _____	Homeroom: _____		<input type="checkbox"/> Intensive French
Teacher: _____			<input type="checkbox"/> Immersion

**Student information**

Legal last name		Usual last name	
Legal first name		Preferred first name	
Legal middle name		Preferred middle name	
Gender	Date of birth YYYY/MM/DD	<b>Proof of age documentation</b> <input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____	<b>OFFICE USE</b> Verified: _____ <small>INITIALS</small>
Last name, gender and date of birth are required for Restrictive Query.			
Yukon Health Care Card may NOT be used as proof of age			

**Previous school information**

Have you previously attended a Yukon or BC school?     Yes     No

Name of school	Address
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**Custody information**

Is there a court order relating to your child?     Yes     No  
 If yes, contact your school's administrator, as soon as possible, to provide details and documentation.

Other family information you wish to provide

**Contact information**

Physical address		City
Province/Territory	Postal code	Phone
Mailing address (if different from physical address)		City
Province/Territory	Postal code	Phone

**Citizenship status**     Canadian citizen     Landed immigrant  
 Visitor (If "visitor" you must provide a copy of your student authorization from Immigration Canada.)

**Aboriginal ancestry (optional)**

Are you:     First Nations     Inuit     Métis     Other First Nation \_\_\_\_\_

Are you Yukon First Nations?     Yes     No    If yes, indicate your First Nation below:

<input type="checkbox"/> Carcross/Tagish FN	<input type="checkbox"/> Ross River Dene Council	<input type="checkbox"/> Kwanlin Dün FN	<input type="checkbox"/> Teslin Tlingit Council
<input type="checkbox"/> Champagne and Aishihik FN	<input type="checkbox"/> Ta'an Kwäch'än Council	<input type="checkbox"/> Liard FN	<input type="checkbox"/> Tr'ondëk Hwëch'in FN
<input type="checkbox"/> FN of Na-cho Nyak Dun	<input type="checkbox"/> Vuntut Gwitchin FN	<input type="checkbox"/> Selkirk FN	
<input type="checkbox"/> Little Salmon/Carmacks FN	<input type="checkbox"/> Kluane FN	<input type="checkbox"/> White River FN	

**French first language education**

According to Section 23 of the Canadian Charter of Rights and Freedoms, a parent/guardian who is a (1) citizen of Canada (a) "whose first language learned and still understood" is French, or (b) "who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary school instruction in French." (2) Or, if the parent/guardian of a child whom "has received or is receiving primary or secondary school instruction in French, have the right to have all their children receive primary and secondary school instruction in French". This does not include students in a French Immersion Program.

Does your child have the right to receive French First Language education, according to the criteria listed above?     Yes     No

**Medical information**

Does your child have a life threatening illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If your child has any medical concerns, contact the school office to complete or update your child's Medical Information Form.
Other health concerns, including allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other medical information you wish to provide		

**Siblings in this school**

Legal name	Date of birth	Gender	Relationship
	YYYY/MM/DD		
	YYYY/MM/DD		
	YYYY/MM/DD		
	YYYY/MM/DD		

**Parent/Guardian information**

<b>Parent/Guardian 1: Relationship to student</b>		Living with student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name	First name	Same as student address <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if different from student address)		City	Prov./Terr. Postal code
Home phone	Cell phone	Work phone	First language
Email		Other information	

<b>Parent/Guardian 2: Relationship to student</b>		Living with student <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name	First name	Same as student address <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (if different from student address)		City	Prov./Terr. Postal code
Home phone	Cell phone	Work phone	First language
Email		Other information	

**Emergency contact information**

**This section collects the personal information of other people. You may only provide it to us with their consent.**

<b>Contact 1: Last name</b>	First name	Relationship
Home phone	Work phone	Cell phone
Can this person pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Contact 2: Last name</b>	First name	Relationship
Home phone	Work phone	Cell phone
Can this person pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>After-school care provider: Name</b>	Phone
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**School bus information**

Student to be registered for school busing?  Yes  No

If the student has special transportation requirements, such as multiple pickup/drop-off points, medical conditions, allergies, or must be met at the bus stop after school, complete a Special Transportation Application.

**Photo release**

I consent for my child's school photo to be included in his/her school record for identification purposes only. The photo will not be used for any other purpose.  Yes  No

I consent for photos of my child to be used for school-related activities, such as school displays, local media, reports, newsletters, etc.  Yes  No

Signature of parent/guardian \_\_\_\_\_ Date YYYY/MM/DD

We are collecting personal information on this form under the following laws: *Education Act*, subsection 6 (1) (h), and the *Access to Information and Protection of Privacy (ATIPP) Act*, subsection 29 (c). This allows us to include your child in our education programs, to do research and to gather statistics. Parents/Guardians have the right to view the information we collect and to correct it. If you have any questions about the information recorded on this form, please contact the Privacy Management Coordinator, Technology and Student Information at 867-667-8326 or toll free at 1-800-661-0408 ext. 8326, 1000 Lewes Blvd., Whitehorse, YT Y1A 3H9.

If you have any questions about how to fill in this form, please contact the administrative staff at your child's school. If you have questions about the collection or use of your child's personal information, you may contact the Privacy Management Coordinator at 867-667-8326.