



Wagalus Elementary School
116 Eagle Place, PO Box 640
Port Hardy, BC, V0N 2P0. Phone: (250)949-5722

STUDENT REGISTRATION FORM _____ **YEAR**

STUDENT INFORMATION

Student Name: _____

Student's Legal Last Name

First Name

Middle Name

Birthdate: _____ / _____ / _____ Preferred name (if applicable): _____ Birthplace: _____
(year/month/day) City, Province

Sex: M _____ F _____ Last Grade Completed: _____ PEN (if known): _____

Student Band Name _____ Status Number (if applicable): _____ Band of Residence _____

Street Address: _____

Mailing Address: _____ Postal Code: _____

PREVIOUS SCHOOL INFORMATION

Name: _____ Grade: _____ Phone No: _____

Address: _____

PARENTS/GUARDIAN'S INFORMATION

Parent/Guardian #1: Relationship: _____

Last Name

First Name

Middle Name

Address (if different than Student address): _____

Home Phone: _____ Work Phone: _____ Email: _____

Cell Phone: _____ Would you like to receive text messages? Yes ___ No ___

Parent/Guardian #2: Relationship: _____

Last Name

First Name

Middle Name

Address (if different than Student address): _____

Home Phone: _____ Work Phone: _____ Email: _____

Cell Phone: _____ Would you like to receive text messages? Yes ___ No ___

I would like to be on the school's email mailing list: Yes _____ No _____

Medical and Emergency Information: I am providing 2 emergency contacts for the school when I cannot be reached. When I or my emergency contacts cannot be reached, I authorize the Wagalus School Staff to call a physician and take my child to the nearest emergency medical centre and/or call an ambulance should they feel that it is in the best interest of my child's health and well-being. If such an emergency arises, I understand that I will be notified as soon as possible. I agree that it is my responsibility to notify the school should any of the medical or emergency information change.

Parent's Signature: _____ Date: _____

MEDICAL INFORMATION

Dentist's Name: _____ Phone: _____

Care Card # _____ Overall Health Conditions: _____

Allergies: _____ Life Threatening: Yes _____ No _____

*Name of Medication(s): _____ Taken at School: Yes _____ No _____

*Please note: If your child is taking medication during school hours, please fill out the Consent to Administer Medication Form.

Other Important Medical Information that the school should be aware of: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact #1 Name: _____ Relationship: _____

Home Phone: _____ Cell No: _____

Address: _____

Emergency Contact #2 Name: _____ Relationship: _____

Home Phone: _____ Cell No: _____

Address: _____

For Office Use Only

Completed Registration Forms:

- | | |
|---|---|
| 1. _____ Wagalus Registration Form | 5. _____ Consent for Photos/Videos |
| 2. _____ Identification (Status, Birth Certificate) | 6. _____ Consent for Additional Learning Services |
| 3. _____ BC Care Card | 7. _____ Day Field Trip Consent |
| 4. _____ Consent to Release of Information | |

Parent Information Forms:

- | | |
|---------------------------------------|---|
| _____ Emergency Preparedness Plan | _____ Student Rights & Responsibilities |
| _____ School Calendar | _____ School Rules & Code of Conduct |
| _____ Parent Advisory Committee (PAC) | _____ Behavioral Interventions |
| _____ School Supply List | |

PHOTOS AND VIDEO

The Wagalus School offers a wide range of activities and field trips throughout the year. As a result, we take photos that showcase the amazing work and activities that our students are engaged in. Hence, the photos that are taken are often shared in yearbooks, on our website, newsletters, private Wagalus School Facebook page and/or reports to our funders, to Chief and Council and the community. At times, the photos are used to promote the school and its activities. However, student's names are not associated with the photos. Please indicate your consent for the school to take photos of your child(ren) as indicated above.

_____ I agree _____ I do not agree

DAY FIELD TRIP PERMISSION

Throughout the school year, students participate in day field trips as part of the regular school program and cultural program. These field trips may be for the purpose of participating in cultural activities, visiting recreational facilities, theaters, museums, and/or other destinations that enrich your child's overall educational experience. Students will travel either by school bus or with private vehicles. Private vehicles are required to have appropriate liability insurance and seat belts for all passengers.

Students participating in field trips must leave the school on the school bus. Parents cannot drop off students at the field trip site unless prior arrangements have been made and authorized by the school. Should you not allow your child to participate in the day field trips, you may be asked to keep your child(ren) home as there may not be any supervision on site.

____ I GIVE permission for my child to participate. ____ I DO NOT give permission for my child to participate.

Please note: In the event of an extended or overnight field trip a separate and detailed permission form will be sent out for parental consent.

ADDITIONAL PROFESSIONAL SUPPORT SERVICES

Wagalus School is committed to meeting the educational needs of their students, even if it means seeking out external professional supports. From time to time, your child may benefit from these extra supports such as Physiotherapy, Occupational Therapy, Speech & Language Therapy, and Counselling. By giving consent, your child may be able to access these extra supports that will help them have a rewarding experience at school. Any issues impacting the well-being of your child will be brought to your attention before any decision is made.

____ I GIVE permission for my child to participate. ____ I DO NOT give permission for my child to participate.

PARENT/GUARDIAN CONSENT

_____ I understand that the information that I have provided here is to the best of my knowledge. I understand that if there are custody issues with my child, I must provide a copy of the custodial order to the school otherwise, both parents may have access to my child. I also agree that should any information change on this registration form throughout the year, it is my responsibility to notify the Principal of Wagalus School.

Parent /Guardian's Signature: _____ Date: _____

