Wagalus Elementary School

116 Eagle Place, PO Box 640
Port Hardy B.C. V0N 2P0 250-949-5722

Student Registration form ____/__ year

STUDENT INFORMATION:

Student Name: _____
Student's Legal Last Name. First Name Middle Name

Birthdate: ___/___/___ **Birth Place:** _____ **Sex: M F Non Binary**

Street Address: _____ **Mailing Address:** _____

Status Number (if applicable): _____ **Band Name:** _____

Last Grade Completed: _____ **PEN (If know):** _____

PREVIOUS SCHOOL INFORMATION:

Name: _____ **Grade:** _____ **Phone Number:** _____

School Address: _____

PARENT GUARDIANS INFORMATION:

Parent /Guardian #1: Relationship: _____ **Email:** _____

_____
Legal Last Name. First Name Middle Name

Home Phone: _____ **Cell:** _____ **Work Phone:** _____

Parent /Guardian #2: Relationship: _____

_____
Legal Last Name. First Name Middle Name

Home Phone: _____ **Cell:** _____ **Work Phone:** _____

Address if Different: _____

Emergency Contact 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 authortize the Wagalus School Staff to call a physician and take my child the the nearest emergency medical centre and or call an ambulance should they feel that 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 changes.

Parents Signature: _____ **Date:** _____

MEDICAL INFORMATION:

Care Card number:_____

FamilyPhysician: _____ **Phone Number**:_____

Dentist Name: _____ **Phone Number:**_____

Allergies:_____ **Anaphylaxis**: Yes_____No_____

Any other important medical information that the school should be aware of?:_____

EMERGENCY CONTACT INFORMATION:

Contact #1 Name:_____ **Relationship:**_____

Home Phone:_____ **Cell Phone:** _____

Address:_____

Contact #2 Name:_____ **Relationship:**_____

Home Phone:_____ **Cell Phone:** _____

Address:_____

PHOTOGRAPHS & VIDEO:

The Wagalus School offers a wide range of activities and field trips throughout the year. As a reasult, we take photos that showcase the amazing work and actives that our students are engaged in. Hence, the photos that are being taken are often shared in yearbooks, on our website, newsletters, private Wagalus School Facebook page and /or reports to our funders, Chief & 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 childs content for the school to takes photos of your child (ren) as indicate above.

I, _____ Agree Photo Consent I, _____Disagree Consent

DAY FIELD TRIP PERMISSION:

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

Students participating in field trips must leave the school on the bus. Parents cannot drop off students off 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(red) 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 for, 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 making any decisions made.

_____ I GIVE permission for my child to participate

_____ I DO NOT give permission for my child to participate.

PARENTAL/ GUARDIAN CONSENT:

_____ I understand that the information 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 he custodial order to the school otherwise, both parents mat have access to my child. I also agree that should any information change on the registration for throughout the year, it is my responsibility to notify the Principal of Wagalus School.

Parent/ Guardian Signature: _____ Date: _____

PRESCHOOL:

Our 4 year old program is Monday - Friday 8:30 - 1:45pm.
Bus transportation is available. We are so blessed to have our elder and culture teacher's teaching Kwakwak'wakw history and treasures.

SPECIAL INTERESTS:

Favorite Play Activities:

Favorite Books & Stories:

Favorite T.V. Shows:

Other Special Interests: (Sports, Community groups, Church, etc.)

Pets:

Siblings:

ROUTINES:

What does your child like to do at home:

Bedtime: **Rising Time:**

Bathroom habits:

What would you consider your child's Strengths?

Is your child Right or Left-handed?

Is there an area of growth you would like to improve during his.her time at preschool?