



Xwemélch'stn Etsimxwawtxw School

Student Registration Form

Student Information

Entering School Year				Entering Grade					
LEGAL Last Name			LEGAL First Name			LEGAL Middle Name(s)			
Usual Last Name			Usual First Name			Usual Middle Name(s)			
Gender:				Birthdate (DD/MMM/YYYY):					
Band Name & Band Number:									
Apt#	Address			City			Postal Code		
Name of Previous School				City		Province		Postal Code	
If yes, please list name of school(s):						School Year(s) attended:			
Inclusive Education:			Additional Assessment Information (please specify and provide a copy): Developmental/Psych Ed, Medical Diagnosis, OT/SLP/PT Reports					(copy provided)	
IEP	Speech/Lang.	OT/PT							
Language(s) Spoken at Home									
Medical Alerts:			Anaphylaxis (Acute Allergic Reaction)		Blood Clotting Disorder		Diabetes		
Serious Heart Condition Seizure Disorder Severe Asthma Complex Medical Needs (potentially life threatening)									
Doctor Name			Doctor Phone			Care Card #			

Parent/Guardian Information

Student Lives With:		Both Parents		Mother Only		Father Only		Legal Guardian		Other	
Legal documentation involving guardianship: separation, divorce, guardianship orders, (copy provided)											
Parent/Guardian/Caregiver 1						Relationship to Student:					
Last Name			First Name			Address (if different from Parent/Guardian 2)					
Email Address				Home Phone			Work Phone			Cell Phone	

Parent/Guardian/Caregiver 2		Relationship to Student:		
Last Name	First Name	Address (if different from Parent/Guardian 1)		
Email Address	Home Phone	Work Phone	Cell Phone	
Alternate Contact Information (if Parent/Guardian cannot be reached)				
Contact 1 - Last Name	First Name	Relationship to Student		
Home Phone	Work Phone	Cell Phone		
Contact 2 - Last Name	First Name	Relationship to Student		
Home Phone	Work Phone	Cell Phone		
Contact 3 - Last Name	First Name	Relationship to Student		
Home Phone	Work Phone	Cell Phone		
Health Record Information				
<p>In order to protect the health of your child and other children in the school, all the parents and guardians or children enrolled at Xwemélch'stn Etsimxwawtxw must provide a statement of the child's health status. We are requesting a copy of your child's immunization record which indicates if they are protected against the following communicable diseases: Diphtheria, Pertussis, Tetanus, Poliomyelitis, Haemophiles, Influenza B and other determined by law.</p> <p>We are requesting other health information, see below</p>				
Personal Health Care Card Number:				
Doctor's Name		Doctor's Phone Number		
Any Allergies: *Please note that if any medication is to be administered a form needs to be filled out*				
Toilet Training for New Students Only (K4/New K5 Students)				
Please note: to be enrolled your child needs to be fully toilet trained				
If new, is your child fully toilet trained?		Yes or	No	
Did they attend anywhere before our school?		Yes or	No	
Name of previous daycare:				
<p>* Please note that it is very important to keep your child's records updated in case of emergency *</p> <p>If you need to update your information, please contact the school office at 604-985-1515</p>				

Parent/Guardian Consent

Permission for EMERGENCY Medical Aid In Case of Accident or Illness Consent Release

I hereby give my permission to authorized staff of Xwemélch'stn Etsimxwawtxw School to call an ambulance or my family physician in case of accident or illness of my child _____ when I cannot be immediately reached.

***Parent/Guardian Signature:**

Permission for Day School Field Trips:

I hereby give permission for my child, _____, to participate in school supervised day field trips.

***Parent/Guardian Signature:**

Permission for Photo/video Taking

I hereby give permission for my child, _____, to participate in Xwemélch'stn Etsimxwawtxw School picture/video taking. Photos may be used on the school website or shared with external funding agencies, newspapers, TV networks the Ta7Inewas - Education Employment & Training may be working with.

***Parent/Guardian Signature:**

Consent to Obtain and Release Information

Any information in Xwemélch'stn Etsimxwawtxw student files such as: registration documents or student assessments are ***strictly confidential***. The sharing of these documents ***can only be released on the authority of the custodial parent/guardian.***

Therefore, I give Xwemélch'stn Etsimxwawtxw School permission to share and discuss my child, _____'s progress using enclosed student documents, using written or verbal information.

*** Note:** Parents/guardians would be contacted before **any** therapy services are used with your child. **We would not use** therapy services ***without parent/guardian permission.*** *

I, _____, give my permission to share information with the following agencies:

- Xwemélch'stn Etsimxwawtxw School Based Team
- Squamish Nation Education Department
- FNEESC: First Nations Education Steering Committee
- FNSA: First Nations School Association
- Supported Child Care Development
- Pediatricians or Family Doctors
- Public School transferred from or to
- Contracted Therapists (Speech and Language Pathologist/Occupational Therapist)

***Parent/Guardian Name:**

Signature:

Bus Contract

The bus service begins at 8:00am and drop-off begins at 3:00pm. Once you have a **designated stop**, this is the stop for the year, and it cannot be changed I will pick my child up at:

Mission & 1st	Eslha7an	Seymour
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***Please note:** due to enrollment numbers, the bus schedule is tight for time and number of seats*

It is important to arrive a few minutes before the bus arrives for AM and PM pick up times.

Should you not be available to drop off or pick up your child at their designated stop, it is important to have an ***authorized contact person***, we will not release your child to persons who are not on the emergency/authorized contact list.

If for some reason there is no one authorized to pick up *your child at their designated stop, your child will be brought back to the school grounds*, to be picked up. Please call the school 604-985-1515 at this time and we can contact/locate the bus driver.

- If for some reason there is repeated failure to pick up your child, you will receive a phone call, then a written warning and then temporary suspension of bus service.

* The bus driver will have a cell phone for **emergency purposes only**. If you need to make arrangements about your child's bus services, please contact the school at 604-985-1515. *

It is important for our young students to understand ***bus safety***. Please discuss with your child the importance of staying seated at all times on their chair and in their seat belts.

If a child is acting in an unsafe manner on the bus and is posing a danger on themselves or others, the following procedure will happen:

- Student will be given a verbal warning and spoken to (bus driver will inform parent)
- If unsafe actions continue, the parent/guardian will receive a written warning, and we'll work together to help solve the problem.
- If unsafe actions continue further, bus service will be temporarily suspended

Please attach any special instructions re: child release to daycare or family visits/shared custody schedule. (Attached)

Please indicate your authorized bus pick up.

Name	Phone number	Relationship

I, _____, acknowledge and understand my responsibility of all the above information about the bus service at Xwemélch'stn Etsimxwawtxw School.

*** Parent/Guardian Signature:**