

OFFICE USE ONLY		Programs	<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	Proof of age documentation <input type="checkbox"/> Birth certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____	OFFICE USE Verified: _____ <small>INITIALS</small>
Last name, gender and date of birth are required for Restrictive Query.			

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				
Parent/Guardian 1: Relationship to student			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		
Parent/Guardian 2: Relationship to student			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.				
Contact 1: Last name		First name		Relationship
Home phone		Work phone		Cell phone
Can this person pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Contact 2: Last name		First name		Relationship
Home phone		Work phone		Cell phone
Can this person pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
After-school care provider: Name			Phone	
School bus information				
Student to be registered for school busing? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
Consent can be revoked by contacting the school.				

Signature of parent/guardian _____ Date YYYY/MM/DD

Personal information is collected under the authority of the *Access to Information and Protection of Privacy Act* s.15(c)(i) and the *Education Act* to enroll an eligible student in a Yukon education program, create and maintain student records in the student information system, conduct educational assessments, gather statistics, Ministerial reporting, ensure health and safety, manage student user accounts, assigning Yukon student identification numbers and validating student data. Personal information is also used to generate a British Columbia personal education number (PEN) as part of Yukon Department of Education's adoption of BC curriculum. For more information about this collection, contact the Director, Technology and Student Information by phone at 867-667-5871, email at tsi@yukon.ca or by mail at Department of Education PO Box 2703 E-22 Whitehorse, YT Y1A 2C6.

If you have any questions about how to fill in this form, please contact the administrative staff at your child's school.