Stein Valley Nlakapamux School
Registration Form

REGISTRATION YEAR: ☐ 2025/2026 ☐ 2026/2027 ☐ 2027/2028 ☐ 2028/2029

IMPORTANT: Please provide the following information, in full, and return this form to your child's teacher immediately. Accuracy of the information you provide will ensure that our files are up to date and correct. All information provided on this form is mandated by the School Act and is used in providing educational programs. Under the Freedom of Information and Protection of Privacy Act, all personal information will be kept confidential and will only be disclosed in accordance with the School Act.

STUDENT INFORMATION		PROPERTY PHYSICAL ADDRESS	
Legal Last Name:		Street # & Name:	
Legal First Name:		Apt #:	Lot #:
Usual Last Name:		Municipality:	
Preferred First Name:		Province:	Postal Code:
Middle Name:			
Gender:		**MAILING ADDRESS**	
Birthdate:	**Choose a date**	Box #	
Proof of Age:		Municipality:	
Home Phone:		Province:	Postal Code:

PREVIOUS SCHOOL	
Name:	Grade:
Address:	Phone:

PLEASE LIST PREVIOUS EARLY LEARNING PROGRAMS:

PARENT/GUARDIAN			
1) Relationship:		2) Relationship:	
Last Name:		Last Name:	
First Name:		First Name:	
Address:		Address:	
Address Same as Student:	◉ Yes ○ No	Address Same as Student:	○ Yes ◉ No
Home Phone:		Home Phone:	
Living with Student:	◉ Yes ○ No	Living with Student:	○ Yes ◉ No
Custody:		Custody:	
Court Access:		Court Access:	
Work/ Employment:		Work / Employment:	
Work Phone:		Work Phone:	
Available at Work:	◉ Yes ○ No	Available at Work:	○ Yes ◉ No
Cell Phone:		Cell Phone:	
Email Address:		Email Address:	
Can pick child up	○ Yes ○ No	Can pick child up	○ Yes ◉ No

PLEASE NOTE: In the case of custody issues please ensure that your school administrative staff is made aware of custody and access information relevant to your child. These issues may be discussed with the Principal at any time, and will be kept confidential within the school

TRANSPORTATION			
Bus Route #	Stop Time AM	Stop Time PM	Stop Description
1)			
2)			

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EMERGENCY IFORMATION:
I authorize the staff at the Stein Valley Nlakapamux School to call a physician and take my child, to the nearest emergency center or summon an ambulance for emergency medical aid should the person(s) in attendance feel such service is required and I cannot be contacted. If such an emergency should arise, I shall be notified as soon as possible. I agree that any cost incurred for such services shall be the sole responsibility of myself.

X _____
Parents Signature **Date: Choose a date**

Emergency Contact Info:

1) Last Name:		2) Last Name:	
First Name:		First Name:	
Relationship:		Relationship:	
Address:		Address:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Can pick child up	◯ Yes ◯ No	Can pick child up	◯ Yes ◯ No

MEDICAL INFORMATION

Doctors Name:		Phone:	
Dentists Name:		Phone:	
Care Card #:			
Allergies:		Life Threatening?	◯ Yes ◯ No
Medication:		Taken while at school?	◯ Yes ◯ No
Health Conditions:			

FIRST NATIONS

First Nations Ancestry:	◯ Yes ◯ No	Métis: ◯ Yes ◯ No	Inuit: ◯ Yes ◯ No
Status:	◯ Yes ◯ No	Non Status:	◯ Yes ◯ No
Status Band Name:		Status Band Number:	
Status #:			
Living on Reserve:	◯ Yes ◯ No	Band of Residence:	

Release Information to Band of Residence? ◯ Yes ◯ No

The First Nations accepts the responsibility for entering this student, on the Band's INAC Nominal Roll. This process is verified with Stein Valley Nlakapamux School prior to submission of this report to DIAND.

Education Managers Signature: X _____

Parent / Guardian Signature: X _____ Date: Choose a date

CONSENT TO PUBLICATION OF PHOTOGRAPH
Stein Valley Nlakapamux School

I hereby:

☐ Agree - to Stein Valley Nlakapamux School publishing, the likeness of my child, _ _ , for the School Yearbook, First Nations Schools Association or the First Nations Education Steering Committee or for other school business/activities which promote the interests of Stein Valley provided that the publication or web site does not share any information that associates my/my child's name with the likeness.

☐ Do not agree

I hereby acknowledge that I have read the above disclaimer and I understand it.

X _____
Signature of photo subject or minor's parent/legal guardian

Choose a date
Date