

Na Aksa Gylak'yoo School 2019-2020

3529 West Kalum Road, Kitsumkalum, BC (250) 615-2844 Fax (205) 615-2833

Application for Admission/Re-Admission (DOES NOT GUARANTEE ENROLLMENT)



APPLICANT PERSONAL INFORMATION

Has the student ever attended 'Na Aksa Gylak'yoo School before? _____

Last School Attended: _____ Last Grade Level Attended: _____

Date of Withdrawal: _____
YYYY/MM/DD

NAGK Requires ID (Birth Certificate, Status Card, Care Card) and a copy of the latest Report Card upon registration. *We cannot accept applications without these documents

A. Please use your legal names on all documents.

Gender: Male / Female

First Name _____ Preferred Name _____ On Reserve: Y / N

Middle Name(s) _____ Other Names _____ Crest _____

Surname _____ Band Number * _____ Waap _____
YYYY/MM/DD

Date of Birth _____ Band Name * _____

Student E-mail _____ **Student PEN** * _____

Living with: (Please Circle One) Both Parents Father Only Mother Only Foster Parent Guardian

Mother/Stepfather Father/Stepmother Relative Other _____

***Do you have legal custody?** Yes No Shared Custody with: _____ Sole Custody

**** Custody papers will be required to have on student file.**

B. Permanent Address (where student resides)

Street # & Name _____ Apt.# _____

City _____ Postal Code: _____ - _____

STUDENT EMERGENCY CONTACTS / PERMISSION TO TRANSPORT STUDENT

1st Contact	2nd Contact	3rd Contact
Relationship: _____	Relationship: _____	Relationship: _____
Home # _____	Home # _____	Home # _____
Work # _____	Work # _____	Work # _____
Cell # _____	Cell # _____	Cell # _____
E-mail _____	E-mail _____	E-mail _____
Allowed to Transport? _____	Allowed to Transport? _____	Allowed to Transport? _____

MEDICAL HISTORY

Family Dr _____

Telephone Number _____ EXT# _____

Care card * _____

Does your child have any medical or physical conditions that may affect his/her attendance at school?

YES NO

If **yes**, please give a brief description: _____

Have you completed the Student Health Plan? Yes No

IMPORTANT NOTE: The school does not provide any medication to students. Any medication that the student requires, will need to be turned in to the office & a note needs to be attached explaining the dosage.

FOOD Allergies:

Non-Food Allergies:

*Are any of the conditions Life Threatening? YES NO

If **yes**, what is the protocol that needs to apply? (Explain below & attach a health plan)

Any other Medical Information needed on file? History? (list below)

Immunization Record

Is the student up to date with immunizations? YES NO

If no, what is the reason for no immunizations?

If yes, is the record on file? YES NO

Individualized Education Program (IEP)

Parents can now work with educators to develop a plan — the individualized education program (IEP) — to help kids succeed in school. The IEP describes the goals the team sets for a child during the school year, as well as any special support needed to help achieve them.

Has this student (in the past school years) received an IEP? YES NO Year: _____

Is the record attached to this application? YES NO On file? YES NO

Will you give consent to testing for IEP? YES NO _____

Please sign below to indicate that you have read & all information is filled out.

Parent/Guardian Name

Parent/Guardian Signature

Date

Na Aksa Gyilak'yoo School



Consent Form for 2019 - 2020 School year.

Spontaneous Field Trips

I, _____, give my consent for my child, _____, to participate in spontaneous neighborhood walks or spontaneous field trips and to the local park with the school staff of NAGK.

I understand the staff's personal vehicle maybe used and my child will be in a in a child safety seat before transport.

Initial: * _____

School Transport

(Please Circle One)

Will bus transportation be needed? YES NO

Booster Seat Needed? YES NO (**Only Booster Seats are provided by the school**)

Which bus stop will your child be at for Pick up?

Town Pick Up:

- MLA Office (7:45am / 3:25pm)
- South Side (Haugland & Pear)
(8:15am / 3:50pm)

Gitau/Thornhill Pick Up:

- Gitau Band Office (7:50am / 4:05pm)
- Thornhill - Edlund Ave (8am / 3:50pm)

Student's Name: _____

Grade: _____

Parent's/Guardian's Name: (PRINT) _____

Parent's/Guardian's Signature: _____

Date: _____

Na Aksa Gyilak'yoo School



Student Media Release Consent Form for 2019-2020 School year.

I, _____, hereby agree and give my consent for 'Na Aksa Gyilak'yoo School
(Name of parent/guardian) (PRINT)

and/or authorized partners to record, film, photograph, audiotape or videotape my child's name, image, student work, and performance and to display, publish or distribute for the purpose of publishing on the NAGK Website (www.nagkschool.ca), posting in schools, posting on social media sites (NAGK School Facebook Group) and or for broadcasting on television or radio as determined by NAGK School Board.

Please mark this box if you **AGREE** that your child may participate in recorded NAGK School Events.

Please mark this box if you **DO NOT WISH** your child to participate in recorded NAGK School Events.

I have read this Student Media Release Consent form and I fully understand the contents and meaning of this release. I understand that I am free to contact the Principal with any questions regarding this release.

Student's Name: _____

Grade: _____

Parent's/Guardian's Name: _____
(PRINT)

Parent's/Guardian's Signature : _____

Today's Date: _____



'Na Aksa Gylak'yoo School
3529 West Kalum Road Terrace, B.C. V8G 0C8
250-615-2844 (P) 250-615-2833 (F) Website: www.nagkschool.ca

Consent for Release/Share Information

Student:	DOB: day month year
School:	Date:
Parent/Legal guardian's name:	
Relationship to student:	

I, _____ (print parent/legal guardian's name), hereby consent to the release of pertinent reports/information, including confidential special services file, for the purpose of planning/discussing my child's educational program, progress and other concerns relevant to supporting his/her success.

This information is considered confidential and will be treated accordingly. It will only be shared insofar as it will help to support my child's educational progress. Student files at 'Na Aksa Gylak'yoo School are available to parents/guardians through written request addressed to 'Na Aksa Gylak'yoo School.

Collecting/releasing/sharing information from:

May include any one or more of the following – please check box and include name.

- Individual Schools _____
- School District/School _____
- Medical Community Personnel _____
- Ministry of Children and Family Development _____
- Child and Youth Mental Health _____
- First Nations Education Coordinator/Administrator _____
- RCMP/Youth Probation _____
- Child Development Centre _____
- Other _____

I certify I am the parent or legal guardian of the above named student.

Parent signature: _____