

CHECK LIST – needed at time of registration

Birth Certificate
BC Service or Medical Card
Band Status Card
Parent Proof of Residency

**'Na Aksa Gyilak'yoo School**

3529 West Kalum Road

Terrace, B.C. V8G 0C8

P: 250-615-2844 F: 250-615-2844

Website: www.nagkschool.ca**STUDENT INFORMATION**

New Student		Returning Student	
Last School or Headstart Attended		Last Grade Level Completed	
Date of Withdrawal		Proof of Age: Copy of Birth Certificate?	
Copy of recent report card?		Personal Education Number (PEN)	

Legal First Name:	Legal Middle Name:	Legal Family Name:
Date of Birth (YYYY MM DD):		
Gender:		
Physical Address:		
Home Phone:		
Mailing Address (If different than physical address):		

CITIZENSHIP INFORMATION (Insert where applicable)

Province or Country of Birth:	
Country of Citizenship:	
Primary Language Spoken in the home:	
Language Most Used:	
First Language:	

FIRST NATIONS ANCESTORY

First Nations Ancestry	Yes	No
Status First Nation	Yes	No
Non-Status First Nations	Yes	No
Metis	Yes	No
Inuit	Yes	No
Living on-reserve	Yes	No
If yes – Band of Residence		
Band of Origin		
Registration Number		
Clan / House		
Traditional Name		



'Na Aksa Gyilak'yoo School

3529 West Kalum Road

Terrace, B.C. V8G 0C8

P: 250-615-2844 F: 250-615-2844

Website: www.nagkschool.ca

SEP (SPECIAL EDUCATION PROGRAM) SERVICES

Student currently on an Individual Education Plan (IEP)?	Yes	No
If yes, is IEP attached / in student's file?	Yes	No
Has student received SEP Services in previous school year?	Yes	No
If yes, select all that apply:		
Speech/Language	Yes	No
Occupational Therapy	Yes	No
Physiotherapy	Yes	No
Education Psychology	Yes	No

PARENT / GUARDIAN INFORMATION

(Primary Contact first)

Parent / Guardian		Parent / Guardian	
Last Name		Last Name	
First Name		First Name	
Relationship to Student		Relationship to Student	
Living with Student		Living with Student	
Same as Student Address		Same as Student Address	
Address, if different		Address, if different	
Primary Phone #		Primary Phone #	
Secondary Phone #		Secondary Phone #	
Work Phone		Work Phone	
*Email:		*Email:	
Are there legal documents in force? (RE: Custody, guardianship, access, etc.) If yes, describe briefly. **Please provide school with copy of the legal document **		Are there legal documents in force? (RE: Custody, guardianship, access, etc.) If yes, describe briefly. **Please provide school with copy of the legal document **	



'Na Aksa Gyilak'yoo School

3529 West Kalum Road

Terrace, B.C. V8G 0C8

P: 250-615-2844 F: 250-615-2844

Website: www.nagkschool.ca

SIBLING INFORMATION

SIBLING	1	2	3	4
First & Last Name				
Relationship to Student				
Birthdate (YYYY MM DD):				
Gender				
School				

EMERGENCY CONTACT INFORMATION

(Two others not including the parent/guardians)

Emergency Contact Person 1		Emergency Contact Person 2		Emergency Contact Person 3	
Last Name		Last Name		Last Name	
First Name		First Name		First Name	
Relationship to Student		Relationship to Student		Relationship to Student	
Home Phone		Home Phone		Home Phone	
Cell Phone		Cell Phone		Cell Phone	
Work Phone		Work Phone		Work Phone	
Can Pick-up Student?		Can pick-up student?		Can pick-up student?	

MEDICAL INFORMATION

Care Card Number	
Doctor's Name	
Doctor's Phone Number	
Allergies	
If 'yes', is Allergy life-threatening?	
Health Condition	
If 'yes', is health condition life-threatening?	
Additional health information	
Has student had hearing tested?	
Has student had eyes tested?	
Is student up-to-date with immunizations?	



'Na Aksa Gyilak'yoo School

3529 West Kalum Road

Terrace, B.C. V8G 0C8

P: 250-615-2844 F: 250-615-2844

Website: www.nagkschool.ca

**STUDENT MEDIA RELEASE CONSENT FORM
2023-2024 SCHOOL YEAR**

'Na Aksa Gyilak'yoo School and authorized person(s) photographs/films/records audio of individual students and groups of students to commemorate events. Also, to promote the various educational, sports and cultural events taking place at 'Na Aksa Gyilak'yoo School. Students' names, photographs, videos, students' work may be published in the school's electronic database, school yearbook, school website www.nagkschool.ca, social media website – 'Na Aksa Gyilak'yoo School newsletter or in the news media.

Initial one of the following:

_____ Yes – I give consent for the release of my child's photo/video/audio for purposes consistent with the above.

_____ No – I do not permit the release of my child's photo/video/audio for purposes consistent with the above

**** If you would like to change parental consent, at any time, please contact the school principal ****

VERIFICATION BY LEGAL PARENT / GUARDIAN

I certify that the information on my child's school registration form is correct.

Print Parent/Guardian Name:

Signature of Parent/Guardian:

Today's Date:



'Na Aksa Gyilak'yoo School

3529 West Kalum Road

Terrace, B.C. V8G 0C8

P: 250-615-2844 F: 250-615-2844

Website: www.nagkschool.ca

SCHOOL TRANSPORTATION

Will bus transportation be needed?	Yes	No
Check pick-up / drop-off location: Bus Schedule will be emailed to email on this form		
Terrace: Downtown	Terrace: Thornhill.	
Terrace: Southside	Kitselas: Gitaus	

Transportation Acknowledgement Form for 2023-2024 School Year

The 'Na Aksa Gyilak'yoo School Bus Transportation Policies and Procedures form contains information in regards to school bus transportation use.

PARENT AND STUDENT ACKNOWLEDGEMENT FOR THE FOLLOWING:

Initial

____ I, the parent/guardian hereby confirm that I have received a copy of the School Bus Transportation Guidelines.

____ Understand the responsibilities and expectations of parents and students; the policies and procedures as stated in the guidelines;

____ and, that all students will be held accountable for their behaviour and may be subject to disciplinary actions listed in the document, such as school bus privileges being revoked for a period of time.

By signing this document, I acknowledge that I have received, read, and agree with the contents listed in the School Bus Transportation form for 'Na Aksa Gyilak'yoo School.

Student Printed Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Today's Date: _____



'Na Aksa Gyilak'yoo School

3529 West Kalum Road

Terrace, B.C. V8G 0C8

P: 250-615-2844 F: 250-615-2844

Website: www.nagkschool.ca

Language and Culture Registration Requirement

2023-2024 School Year

Our Mission:

The 'Na Aksa Gyilak'yoo School will provide a holistic educational program that challenges and enables students to reach their academic, cultural, and personal potential within a nurturing, respectful and caring environment.

Our Vision:

To provide all students educational skills and strategies to be responsible citizens of their territory, sustaining traditions and culture and be contributing members of the changing world.

Our Philosophy:

We believe that fostering student's sense of identity through cultural teachings, connections with the territory, and pride are fundamental in developing and reaching our spiritual, emotional, mental, physical and educational abilities.

By registering at 'Na Aksa Gyilak'yoo School, you are wanting to learn the Language and the Culture, including the Drumming and dance.

In light of the above statements, a requirement of enrolment at 'Na Aksa Gyilak'yoo School is meaningful participation in language and culture, including Sm'algyax class, dance and drum practice and other culturally relevant activities. Any student who willfully chooses not to participate, or who does not meet attendance and academic requirements for Sm'algyax language and culture class and/or drum and dance practice, may be withdrawn from the school register.

By signing this document, I acknowledge that I have read and agree with the above requirement for language and culture participation at 'Na Aksa Gyilak'yoo School.

Student Printed Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Today's Date: _____

**'Na Aksa Gyilak'yoo School**

3529 West Kalum Road

Terrace, B.C. V8G 0C8

P: 250-615-2844 F: 250-615-2844

Website: www.nagkschool.ca**CONSENT FOR RELEASE / SHARE INFORMATION**

Student Full Name		D.O.B	Day	Month	Year
School		Date:			
Parent/Guardian Name					
Relationship to Student					

I, _____ (print parent/guardian 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 Gyilak'yoo School are available to parents/guardians through written request addressed to 'Na Aksa Gyilak'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: _____

Today's Date: _____