



'Na Aksa Gyilak'yoo School

3515 Kalum Quarry Access Rd
Terrace, B.C. V8G 0C8
P: 250-615-2844 F: 250-615-2833
Website: www.nagkschool.ca

STUDENT INFORMATION

New Student	Yes	No	Returning Student	Yes	No
Last School 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

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

FIRST NATIONS ANCESTRY

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		
Status Card No.		
Clan		
House		
Traditional Name		



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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 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

If a legal guardian – a letter needs to be attached

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	
Home Phone		Home Phone	
Cell Phone		Cell 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 **	

SIBLING INFORMATION

SIBLING	1	2	3	4
Last Name				
First Name				
Birthdate (YYYY MM DD):				
Gender				



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EMERGENCY CONTACT INFORMATION

Two others not including the parent / guardian

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

Doctor: _____ Doctor Phone No: _____ Care Card # _____

Life-Threatening Illness? Yes No Details _____

Is there a medical diagnosis of Anaphylaxis? _____

Other Health Factors (example: Allergies) _____

Medication(s) to be taken at school? Yes No.

If yes, physician form must be on file prior to administering at school and medication must have:

- the pharmacy sticker with the student's name on the label
- dosage amount and when
- medication cannot be expired



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SCHOOL TRANSPORTATION

Will bus transportation be needed?	Yes	No
Check pick-up / drop-off location: Times are subject to change.		
Terrace: Downtown		
Terrace: Southside		
Terrace: Thornhill		
Kitselas: Gitaus		
Kitsumkalum:		

Transportation Acknowledgment Form

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

I, the parent/guardian of [redacted] (student name) hereby confirm that I have access to or have received a copy of the 'Na Aksa Gyilak'yoo School Bus Transportation Policies and Procedures form, and further understand the responsibilities expected of 'Na Aksa Gyilak'yoo School parents and students; the policies and procedures as stated in this form; and, that all students will be held accountable for their behaviour and may be subject to disciplinary actions listed in the document.

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

Student Name:

Student Signature:

Date:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:



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MEDIA RELEASE CONSENT FORM for 2025-2026 SCHOOL YEAR

Minor (under 18)

I, _____ (*caregiver's name*) hereby give 'Na Aksa Gyilak'yoo School and authorized person(s) photographs/films/records audio of my child, _____ (*child's full name*) to commemorate events. Also, to promote the various educational, sports and cultural events taking place at 'Na Aksa Gyilak'yoo School. Child's name, photographs, videos, individual's work may be published in the school's electronic database, school yearbook, school website www.nagkschool.ca, social media website, school newsletter or in the news media.

Caregiver's Information:

Name: _____

Address: _____

City: _____

Postal Code: _____

Caregiver's Signature

Date

Protection of Privacy

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes, transportation contractor if a bus student and when required, may be provided to health services, social services or other support services as outlined in section 88 and 91 of the School Act. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act.



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REGISTRATION REQUIREMENT

2025-2026 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 of the Tsimshian Nation, throughout all academics.

In light of the above statements, a requirement of enrolment at 'Na Aksa Gyilak'yoo School is meaningful participation in language and culture, including all academics taught.

Any students who willfully chooses not to participate, or who does not meet attendance and academic requirements at 'Na Aksa Gyilak'yoo School may be withdrawn from the school register.

I, _____ (*parent/guardian*) acknowledge that I have read and agree with the above requirement for language and culture participation at 'Na Aksa Gyilak'yoo School.

Student Name

Student Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date



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CONSENT FOR RELEASE / SHARE INFORMATION

Student Full Name	
School	
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: _____