

Tk'emlups te Secwepemc School Registration Form for K4/5-Gr.12
Note: Children must be four (4) years of age as of December 31st, 2016;
Registration Deadline: September 30, 2020

LEGAL PARENT/GUARDIAN AND CHILD RESIDENCE INFORMATION:

NAME: _____ HOME #: _____

WORK #: _____ CELL#: _____ E-MAIL: _____

CIVIC (HOME) ADDRESS: _____ POSTAL CODE: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

(Please provide a copy of a bill with your address)

DOES YOUR CHILD LIVE PART TIME WITH ANOTHER PARENT OFF RESERVE Yes No

STUDENT INFORMATION:

SURNAME: _____ FIRST NAME: _____ INITIALS: _____

DATE OF BIRTH: Month: _____ Day: _____ Year: _____

NATIVE ANCESTRY: Yes ___ No ___

BAND NAME: _____ 10. DIGIT BAND #: _____

(Please provide copy of Status Card)

SCHOOL ATTENDING: _____ GRADE: _____

SCHOOL ATTENDED LAST YEAR: _____

FEMALE MALE

Special Needs Yes No
 Dr's Assessment Yes No
 Modified Program Yes No
 Adaptations Yes No
 Medical Condition Yes No

If yes to any of the above do you know when the last assessment was Yes No Date: _____

Would you like the Ed Dept to verify Yes No

STUDENT RECORDS AND REPORTS:

I give authorization to the Tk'emlups te Secwepemc Education Department to request the following Information about my child.

Report Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Service Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Course Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Base Team Meeting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Attendance Records	<input type="checkbox"/> Yes <input type="checkbox"/> No	Individual Education Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adaptations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Behaviour Plan Adaptations	<input type="checkbox"/> Yes <input type="checkbox"/> No

PHOTO:

I give permission
 I do not give permission

To the Education Department staff to take pictures of my child for use of newsletters, displays, power point presentations, etc. to promote TteS education programs and services.

The Education Department Managers staff designate will keep parents/guardians informed of any concerns or successes and will ensure they are invited to any meetings regarding their child.

PARENT/GUARDIAN SIGNATURE **DATE**

OFFICE USE:

Student Personal Education Number _____