

**Tk'emlups te Secwepemc School Registration Form for K4/5-Gr.12**  
**Note: Children must be four (4) years of age as of December 31<sup>st</sup>, 2022;**  
**Registration Deadline: September 30, 2022**

**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**