

OFFICE USE ONLY Grade: _____ Homeroom: _____ Teacher: _____	Programs <input type="checkbox"/> ELL <input type="checkbox"/> Intensive French <input type="checkbox"/> Immersion
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Previous School Information

Have you previously attended a Yukon or BC school (ie Early Learning, Learning Together or grade school) Yes No

School Name _____ Address _____

Student Information

Legal Last Name	Preferred Last Name	
Legal First Name	Preferred First Name	
Legal Middle Name	Preferred Middle Name	
Legal Gender (as seen on ID)	Preferred Gender	
Date of Birth ____ / ____ / ____ <small>YYYY MM DD</small>	Proof of Age Documentation <input type="checkbox"/> Birth Certificate: _____ <input type="checkbox"/> Passport: _____ <small>Issuing Country & Issue Date Issuing Country & Issue Date</small> <input type="checkbox"/> Other: _____ <small>Yukon Health Care Card may NOT be used as proof of age</small>	OFFICE USE Verified: _____ <small>INITIALS</small>
Home Language	Language Most Used	First Language

Custody Information

Is there a court order relating to your child? Yes No

If yes, contact your school's administrator, as soon as possible, to provide details and documentation.

Address/Contact Information

Physical Address	City	
Province/Territory	Postal Code	Phone
Mailing Address (if different from physical address)		City
Province/Territory	Postal Code	Phone
Citizenship Status <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Visitor (If "visitor" you must provide a copy of your student authorization from Immigration Canada)		

Medical Information

Does your child have a life-threatening illness or allergies? Yes No

Other health concerns, including non-life-threatening allergies? Yes No

Other medical information you wish to provide: _____

If your child has any medical concerns, contact the school office to complete or update your child's Medical Information Form

After School Care (if applicable)

Child Care Facility	Operator/Worker	Location	Phone
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Aboriginal Ancestry (optional)

Are you: Yukon First Nations Inuit Métis Other First Nations

If Yukon First Nations, please select below:

<input type="checkbox"/> Carcross/Tagish FN	<input type="checkbox"/> Ross River Dene Council	<input type="checkbox"/> Kwanlin Dün FN	<input type="checkbox"/> Teslin Tlingit Council
<input type="checkbox"/> Champagne and Aishihik FN	<input type="checkbox"/> Ta'an Kwäch'än Council	<input type="checkbox"/> Liard FN	<input type="checkbox"/> Tr'ondëk Hwëch'in FN
<input type="checkbox"/> FN of Na-cho Nyak Dun	<input type="checkbox"/> Vuntut Gwitchin FN	<input type="checkbox"/> Selkirk FN	
<input type="checkbox"/> Little Salmon/Carmacks FN	<input type="checkbox"/> Kluane FN	<input type="checkbox"/> White River FN	

Siblings in THIS school

Legal Name	Date of Birth (yyyy/mm/dd)	Gender

Parent/Guardian Information

Relationship to Student				Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name		Last Name		Same as Student Address <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	Cell Phone	Work Phone	Home Language		Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No
Email					
Street Address (if different from student address)			City	Prov/Terr	Postal Code

Relationship to Student				Living with Student <input type="checkbox"/> Yes <input type="checkbox"/> No	
First Name		Last Name		Same as Student Address <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone	Cell Phone	Work Phone	Home Language		Speaks English <input type="checkbox"/> Yes <input type="checkbox"/> No
Email			Other Information		
Address (if different from student address)			City	Prov/Terr	Postal Code

Alternate Contacts Information

First Name		Last Name		Relationship
Home Phone		Cell Phone		Work Phone
Can this person pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No				
First Name		Last Name		Relationship
Home Phone		Cell Phone		Work Phone
Can this person pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Signature of Parent/Guardian _____

Date _____ / _____ / _____
 YYYY MM DD

We are collecting personal information on this form under the following laws: Education Act, subsection 6 (1) (h), and the Access to Information and Protection of Privacy (ATIPP) Act, subsection 29 (c). This allows us to include your child in our education programs, to do research and to gather statistics. Parents/Guardians have the right to view the information we collect and to correct it. If you have any questions about the information recorded on this form, please contact the Privacy Management Coordinator, Technology and Student Information at 867-667-8326 or toll free at 1-800-661-0408 ext. 8326, 1000 Lewes Blvd., Whitehorse, YT Y1A 3H9.

If you have any questions about how to fill in this form, please contact the administrative staff at your child's school. If you have questions about the collection or use of your child's personal information, you may contact the Privacy Management Coordinator at 867-667-8326.