



Commission scolaire francophone Territoires du Nord-Ouest

French first-language school, a UNIQUE advantage!

**DIRECTIVE: Student Admission
(ADM-01)**

**APPENDIX 1 – Enrolment Form: Student
Information**

Academic Year: _____

This enrolment form must be completed and signed by a parent or legal guardian in order for the child to be officially registered as a student at a school managed by the Commission scolaire francophone des TNO. This form is a compulsory document, and the information must be accurate and complete. The school must be notified immediately if there are any changes.

By filling out this form, you will be helping us to meet your child's needs. The child must be four years old as of December 31 in order to be accepted into junior kindergarten.

☐ **École Allain St-Cyr**, 48 Taylor Road, Yellowknife ☐ **École Boréale**, 145 Riverview Drive, Hay River

A. STUDENT	
Child's legal name:	Number of birth certificate or other piece of identification :
Grade in September:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>
NWT health card number:	Date of birth (YYYY-MM-DD):
Name of Parent 1 :	Name of guardian :
Name of Parent 2 :	Telephone no.:
Address:	
Postal code:	
Student lives with: <input type="checkbox"/> Both parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Guardian	
Siblings:	
(1) Name: _____	Grade: _____
(2) Name: _____	Grade: _____
(3) Name: _____	Grade: _____

B. PARENT/GUARDIAN INFORMATION

Complete both sections if there are two parents/legal guardians. Legal documentation is required for guardians.

Parent 1/guardian:

Relationship to child: ☐ Father ☐ Mother ☐ Guardian

First name: _____ Last name: _____

Canadian citizen: Yes ☐ No ☐

E-mail: _____

Home phone: _____ Work phone: _____ Cellular: _____

Address: ☐ Same as student

Other address: _____

Parent 2/guardian:

Relationship to child: ☐ Father ☐ Mother ☐ Guardian

First name: _____ Last name: _____

Canadian citizen: Yes ☐ No ☐

E-mail: _____

Home phone: _____ Work phone: _____ Cellular: _____

Address: ☐ Same as student

Other address: _____

C. RIGHTS HOLDER IDENTIFICATION / LANGUAGES SPOKEN AND WRITTEN

The prospective student has a parent who is a rights holder, because:

☐ their first language learned and still understood is French; or

☐ they received their primary school instruction in French in Canada; or

☐ they are the parent of another child who received their primary or secondary school instruction in French in Canada.

☐ None of the parents is a rights holder.

Language(s) spoken by child: ☐ French ☐ English ☐ Other(s) – specify: _____

Language(s) written by child: ☐ French ☐ English ☐ Other(s) – specify: _____

Language(s) spoken by **Parent 1/guardian**: ☐ French ☐ English ☐ Other(s) – specify: _____

Language(s) written by **Parent 1/guardian**: ☐ French ☐ English ☐ Other(s) – specify: _____

Language(s) spoken by **Parent 2**/guardian: ☐ French ☐ English ☐ Other(s) – specify: _____

Language(s) written by **Parent 2**/guardian: ☐ French ☐ English ☐ Other(s) – specify: _____

Has the child attended a French-language daycare or a bilingual childcare service? If so, specify:

D. INDIGENOUS IDENTIFICATION

If you wish to identify your child as **Indigenous**, please clarify:

☐ Dene ☐ Métis ☐ Inuit ☐ Other(s) – specify: _____

E. SPECIAL NEEDS

Does your child have special needs? Yes ☐ No ☐

If so, what are they? _____

F. EMERGENCY CONTACT

The emergency contact is someone other than the child's parents or legal guardian. This person must be contacted if the parent(s)/legal guardian are not available.

CONTACT 1:

Relationship to child: _____

First name: _____ Last name: _____

Home phone: _____ Work phone: _____ Cellular: _____

CONTACT 2:

Relationship to child: _____

First name: _____ Last name: _____

Home phone: _____ Work phone: _____ Cellular: _____

G. MEDICAL INFORMATION

☐ **No health problems**

Note any particular **medical conditions or illnesses**: _____

Allergies: ☐ Food ☐ Medication ☐ Other(s) – specify: _____

EpiPen: Yes ☐ No ☐ **Glasses/corrective lenses:** Yes ☐ No ☐

Hearing aid: Yes ☐ No ☐ **Asthma: Inhaler at school:** Yes ☐ No ☐

Regular medication:*Name of medication**Dosage frequency**Reason for taking medication*

1. _____

2. _____

AUTHORIZATION

I authorize the Commission scolaire francophone des Territoires du Nord-Ouest and school officials, for reasons of safety, to release to staff of the health and social services centre assigned to the school and to all school employees (principal, teaching and non-teaching staff, child care staff and bussing employees) information on this form and, in the event of an emergency (accident or sudden illness), to take all necessary actions, to administer first aid and to have my child transported to a place of treatment, if required.

Signature of parent/guardian: _____ **Date:** _____**H. INFORMATION DISSEMINATION AND CONSENT**

Do you consent to your child being photographed or filmed in the context of school or extracurricular activities and to the resulting images being used for educational purposes via hardcopy or electronic publications, websites or social media accounts belonging to the Commission scolaire francophone des Territoires du Nord-Ouest and its institutions? Do you consent to reporters publishing photos or recordings of your child in their respective media?

Yes ☐ No ☐**Signature:** _____ **Date:** _____

Do you consent to your address and phone number being shared with the Parent-School Committee?

Yes ☐ No ☐**Signature:** _____ **Date:** _____

I consent to my child being transported by bus or taxi to picnics held by the school, to local school sports events, to local educational outings and to activities in the context of educational programs sponsored by the school, including traditional activities and Indigenous camps.

Yes ☐ No ☐**Signature:** _____ **Date:** _____

If you have settled in Canada recently, you are eligible to join the **Settlement Worker in Schools (SWIS)** Program free of charge. SWIS is a school-based settlement service designed to help newcomer students and families settle in their schools. Would you like to be referred to this program?

Yes ☐ No ☐**Signature:** _____ **Date:** _____

I. AUTHORIZATION TO OBTAIN INFORMATION – INSTITUTION

I, _____ (name of parent/guardian), hereby authorize the Commission scolaire francophone des Territoires du Nord-Ouest and its institutions, prior to registering my child, to seek any necessary information from other schools my child has attended.

Name of child: _____

Name of last school attended: _____

City and province/territory: _____

Last grade attended: _____

Telephone number of last school attended: _____

Signature of parent/guardian: _____ Date: _____

J. DECLARATION OF PARENT/GUARDIAN

I certify that I have lawful custody of _____. I hereby declare that the information I have provided on this form is true, accurate and complete.

Signature of Parent 1/guardian: _____ Date: _____

Signature of Parent 2/guardian: _____ Date: _____