



**Seabird Island Band
Lalme' Iwesawtexw**

PO Box 650, 2895 Chowat Rd, Agassiz BC V0M 1A0
Tel: (604) 796-3061 • Fax: (604) 796-3081

Kindergarten to 12 Registration

OFFICE USE ONLY

Admission Date: _____ **Grade:** _____

New Student, Transferring Student, Returning Student

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____

Legal Middle Name(s): _____ Birthdate: _____ Gender Male, Female

Last School Attended: _____

Non-Status, Status Band of Registry _____

Band of Residence _____

Status No. _____

Mailing Address: _____

(Where all important letters, report cards etc. will be sent)

Home Address: _____

Is this home address located on reserve? Yes, No

Do you require bus transportation? Yes, No

CAREGIVER INFORMATION: (Person(s) living with student and responsible for the day to day care)

Parent Type: <input type="checkbox"/> Mom, <input type="checkbox"/> Dad, <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____	Parent Type: <input type="checkbox"/> Mom, <input type="checkbox"/> Dad, <input type="checkbox"/> Foster <input type="checkbox"/> Other: _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Do you have legal guardianship of student? <input type="checkbox"/> Yes, <input type="checkbox"/> No	Do you have legal guardianship of student? <input type="checkbox"/> Yes, <input type="checkbox"/> No
Court orders of any kind in place? <input type="checkbox"/> Yes, <input type="checkbox"/> No (if yes, please attach court documents)	Court orders of any kind in place? <input type="checkbox"/> Yes, <input type="checkbox"/> No (if yes, please attach court documents)
Home No.: _____	Home No.: _____
Work No.: _____	Work No.: _____
Cell No. _____	Cell No. _____
<input type="checkbox"/> No Home Phone (if no phone, please provide us with a number where we can leave a phone message)	<input type="checkbox"/> No Home Phone (if no phone, please provide us with a number where we can leave a phone message)
Message No: _____	Message No: _____

LEGAL GUARDIAN / SOCIAL WORKER CONTACT INFORMATION

Not applicable

Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Full Address: _____	Full Address: _____
Phone No. _____	Phone No. _____



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EMERGENCY CONTACT:

In the event that your child needs to be picked up from school due to illness, accident, behaviour etc. and parents/guardians are not available, please provide us names and phone numbers of those who have transportation and can pick up your child if requested. It is necessary to keep us informed of any contact changes through the year.

Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Home No.: _____	Home No.: _____
Cell No.: _____	Cell No.: _____
Relationship to Student: _____	Relationship to Student: _____
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Home No.: _____	Home No.: _____
Cell No.: _____	Cell No.: _____
Relationship to Student: _____	Relationship to Student: _____

STUDENT MEDICAL INFORMATION:

Student Name: _____

Care Card No. _____

Family Doctor: _____ Phone No. _____

Life threatening health conditions exist? Yes, No

Other known health conditions? Yes, No (if yes, please describe)

Letter of authority to administer any medications on file? Yes, No (if yes, please describe)

In the event of a natural disaster, such as an earthquake where you are unable to get access to the school, please indicate those individuals you are authorizing as pick-up designates at evacuation sites: (Only those identified will be allowed to pick up your child(ren). All designates will be required to show identification before child(ren) are released.

Name	Relationship	Phone No.

Parent/Guardian Signature _____

Date _____



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BUST TRANSPORTATION INFORMATION: (For students requiring bus transportation only)

Student Name: _____

Day-to-Day Caregiver Name: _____

Street Address: _____

Home No. _____ Work No. _____ Cell No. _____

This portion will be completed by the bus driver and returned to you.

OFFICE USE ONLY

Name of driver: _____

Cell phone no. on bus: _____

Pick-up and drop-off location: _____

Aprox. AM pick-up time: _____

Aprox. PM drop-off time: _____

Additional Comments:
