

Yellowknife Education District No. 1



Home Schooling Application & Student Registration Form

This form is for Home Schooling Parents only. It is a combination Home Schooling Application Form & Student Registration Form. It is a legal document and as such, must be accurate and complete.

All information will be treated confidentially.

École J.H. Sissons School (JHS)

Mildred Hall School (MHS)

N.J. Macpherson School (NJM)

Range Lake North School (RLN)

École William McDonald Middle School (WMS)

École Sir John Franklin High School (SJF)

K-5 French Immersion; User-pay Pre-school - French Immersion

K-8 English

K-5 English; K-6 Montessori; User-pay Pre-school

K-8 English; 6 Intensive French option; User-pay Pre-school

6-8 English/French Immersion; 7-8 Enhanced French

9-12 English/French Immersion

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____

Preferred Last Name: _____ Preferred First Name: _____

Home Phone: (867) _____ Cell Phone: _____ Grade: _____ Gender: Female ___ Male ___

Residence Address: _____ Postal Code: X1A _____

Mailing Address: Same as Residence Address Yes No If no, please provide address details below:

_____ Postal Code: X1A _____

Ethnic Origin*: Dene ___ Metis ___ Inuit ___ Other _____ Birth date: _____

***NOTE: District funding is based on this critical information** (Day/Month/Year)

NT Health Care Number: _____ Language Spoken at Home: _____

NOTE: Registration Process is NOT complete until a copy of Health Card and Birth Certificate/ Passport is received.

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Legal Name: _____ First Name: _____

Residence Address: Same as Student Address Yes No If no, please provide address details below:

_____ Postal Code: X1A _____

Relationship: _____ Home Phone No: _____

Workplace: _____ Work Phone No: _____ Ext: _____

Alternate Phone(Cell): _____ E-mail: _____

Parent/Guardian 2

Legal Name: _____ First Name: _____

Residence Address: Same as Student Address Yes No If no, please provide address details below:

_____ Postal Code: X1A _____

Relationship: _____ Home Phone No: _____

Workplace: _____ Work Phone No: _____ Ext: _____

Alternate Phone(Cell): _____ E-mail: _____

ALTERNATE/EMERGENCY CONTACTS (Other than Parent or Guardian)

(Do not complete this section if you have already completed a Student Registration Form at the school.)

Contact 1

Name: _____

Relationship: _____

Daytime phone: _____ Ext: _____

Contact 2

Name: _____

Relationship: _____

Daytime phone: _____ Ext: _____

Medical Information

Medical Issues (disabilities, allergies, hearing, speech deficits, etc.):

Sibling Information

Please list names and what school they attend:

School History

Name of previous school attended: _____

Mailing Address: _____ Fax Number: _____

Home Schooling Information

Instructor(s): _____

Instructor(s)
Qualifications: _____

Reason(s) for Home Schooling: _____

Home Schooling Materials & Evaluation Process (curricula): _____

Additional Comments: _____

RELEASE OF INFORMATION

The school may release my child's address and telephone number to its school's Parent Advisory Committee:

I give consent ___ I do not give consent ___

Note: If your child has been designated as "Protected" and the court has issued a restraining order under the Children Law Act, the Child and Family Services Act, the Divorce Act or the Young Offenders Act and you wish school administration to be aware of any such order for the protection of your child, please provide these details in writing to your school principal.

Should any of this information change, please inform the school as soon as possible.

Parent/Guardian Signature: _____

Date: _____

FOR SCHOOL USE ONLY

Ministry #: _____

Homeroom Assigned: _____

Start Date: _____
(Day/Month/Year)

Date of Registration: _____
(Day/Month/Year)