



- Health Card
- Birth Certificate
- Snack Form
- Second Language

## Joseph Burr Tyrrell School Registration Form

Information in this form is required under section 151(1) of the NWT Education Act (S.N.W.R. 1996, C. 10, July 1, 1996). This information is used to assess the appropriate educational program for the student and to provide information pertinent to the student's safety and effective communication between the education authorities and the student's parent/guardian. The data may be analyzed statistically to provide funding information for the South Slave Divisional Education Council, but individual student data will be kept strictly confidential. Further information on the privacy of student data may be obtained by contacting the ATIP Coordinator, SSDEC, P.O. Box 819, Fort Smith, NWT, (867)-872-5701.

1. Student's Name: \_\_\_\_\_  
(first) (middle) (last)

Please provide the following as proof of identification and confirm student enrolment:  
Birth Certificate and Health Care Card.

2. a) Date of Birth: \_\_\_\_\_ b) Present Age: \_\_\_\_\_  
(year/month/day)

3. Sex: Male Female Present Grade Level: \_\_\_\_\_

4. Health Care #: \_\_\_\_\_

5. Ethnic Origin: Dene \_\_\_\_\_ Metis \_\_\_\_\_ Inuit \_\_\_\_\_ Other \_\_\_\_\_

### (Data required for funding purposes)

6. Language spoken at home: \_\_\_\_\_

7. Student's home community: \_\_\_\_\_

8. Father's name: \_\_\_\_\_

a. Employer \_\_\_\_\_ Work Phone #: \_\_\_\_\_

9. Mother's name: \_\_\_\_\_

a. Employer \_\_\_\_\_ Work Phone #: \_\_\_\_\_

b. Family email address: \_\_\_\_\_

**If either parent is an Aurora College student please indicate program** \_\_\_\_\_

10. Home address: Street \_\_\_\_\_

Mailing address: Box # \_\_\_\_\_ Home phone #: \_\_\_\_\_

11. ADDITIONAL EMERGENCY CONTACT: (Relative/Friend/Neighbour)

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

12. Brothers and ages: \_\_\_\_\_

13. Sisters and ages: \_\_\_\_\_

14. Child's Medical Background

A) Does your child have any allergies? Yes/No

If yes, please clarify: \_\_\_\_\_

B) Does your child have any chronic health problems? Yes/No

If yes, please clarify: \_\_\_\_\_

C) Is your child currently on any medication? Yes/No

If yes, please clarify: \_\_\_\_\_

D) Are there any other concerns regarding your child's health? Yes/No

If yes, please clarify: \_\_\_\_\_

E) Has your child had frequent ear infections? Yes/No

If yes, please clarify: \_\_\_\_\_

F) Are your child's immunization records up to date? Yes/No

G) Is there anything else we should be aware of? \_\_\_\_\_

15. Will your child be traveling to school by bus? Yes/No

16. Has your child attended:

a. Headstart: Yes/No (if yes, for how many years?) \_\_\_\_\_

b. Nursery School: Yes/No (if yes, for how many years?) \_\_\_\_\_

17. Last School:

a. Name of previous school: \_\_\_\_\_

b. Community of previous school: \_\_\_\_\_

\*\*\*J.B.T. School Placement\*\*\* \_\_\_\_\_

Please check one: English Immersion \_\_\_\_\_ French Immersion(K/1 only) \_\_\_\_\_

PLEASE READ AND SIGN:

I give permission for \_\_\_\_\_ to participate in and, when required, to be transported on field trips within the community.

During the course of the school year students at J.B.T. School are occasionally videotaped, recorded and/or photographed for a variety of reasons including school awards and news programming. Some of these photographs/video images are published, displayed or distributed outside of the school network.

By way of this form I give permission for my child's records to be requested from their prior school, picture to be used in a school yearbook, to be videotaped and/or to appear in the local newspaper.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(parent/guardian signature)

## **JBT INFORMATION UPDATE for returning students**

Dear Parents/Guardians:

Please complete this form and return it to JBT School by \_\_\_\_\_.

Child's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Box Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

**Health Care #:** \_\_\_\_\_

Ethnic Origin (for funding purposes): Dene\_\_\_\_ Metis\_\_\_\_ Inuit\_\_\_\_ Other\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell phone#: \_\_\_\_\_

Workplace and phone # \_\_\_\_\_

*Attending Aurora College? Which program/phone#:* \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Workplace and phone #: \_\_\_\_\_

*Attending Aurora College? Which program/phone#:* \_\_\_\_\_

Guardianship detail: Child lives with (*please circle*) Mother, Father, Both Parents, Guardian

Name of Guardian: \_\_\_\_\_ Cell phone# \_\_\_\_\_

Workplace and phone # \_\_\_\_\_

*Attending Aurora College? Which program/phone#:* \_\_\_\_\_

**Additional** Emergency name and number (if parents/guardian cannot be reached):

\_\_\_\_\_

Does your child have any allergies or health concerns that we should be aware of?

\_\_\_\_\_

Do you have any other concerns that you feel we should be aware of?

**PLEASE READ AND SIGN:**

I GIVE PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN AND, WHEN REQUIRED, TO BE TRANSPORTED ON **FIELD TRIPS** WITHIN THE COMMUNITY.

DURING THE COURSE OF THE SCHOOL YEAR STUDENTS AT J.B.T. SCHOOL ARE OCCASIONALLY VIDEOTAPED, RECORDED AND/OR PHOTOGRAPHED FOR A VARIETY OF REASONS INCLUDING SCHOOL AWARDS AND NEWS PROGRAMMING. SOME OF THE PHOTOGRAPHS/VIDEO IMAGES ARE PUBLISHED, DISPLAYED OR DISTRIBUTED OUTSIDE OF THE SCHOOL NETWORK.

BY WAY OF THIS FORM I GIVE PERMISSION FOR MY CHILD'S PICTURE TO BE USED IN A SCHOOL YEARBOOK, TO BE VIDEOTAPED AND/OR APPEAR IN THE LOCAL NEWSPAPER.

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

*Joseph Burr Tyrrell Elementary School*

Bag #1, Fort Smith, NT X0E 0P0  
Tel: (867) 872-4528 Fax: (867) 872-2448

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MEMO

To: Parents/Guardians - Grades Kindergarten - 6 Students

From: Craig Walsh, Principal

English Immersion students at JBT are required to take a second language. The choices are:

French / Chipewyan / Cree

Please note, second language choices are for the duration of schooling at JBT. Changes to second language may only be made once with reasoning provided.

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**SECOND LANGUAGE CONSENT FORM**

Child's Name \_\_\_\_\_

Grade & Class \_\_\_\_\_

Please circle the language you want your child to take.

French

Chipewyan

Cree

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
Date



Joseph Burr Tyrrell  
School

Bag # 1, Fort Smith, NT, XOE 0P0  
Ph; 867-872-4528, Fax: 872-2448

I (Parent/Guardian) \_\_\_\_\_ will be taking my  
son/daughter \_\_\_\_\_ out of school to participate in on the  
land activities from \_\_\_\_\_.

Type of Activity:

Moose Hunt \_\_\_\_\_ Fishing \_\_\_\_\_ Caribou Hunt \_\_\_\_\_

Camping \_\_\_\_\_ Berry Picking \_\_\_\_\_ Life skills \_\_\_\_\_

Other \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Note: This form is used for attendance purposes to prevent students from  
having unexcused-absents.