

JBT INFORMATION UPDATE for returning students

Date: _____

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 _____

Mother's Name: _____ Cell phone#: _____

Workplace and phone # _____

Father's Name: _____ Cell phone #: _____

Workplace and phone #: _____

Additional Emergency name and number (if parents 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?

Thank you for your assistance!

Joseph Burr Tyrrell Elementary School

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

MEMO

To: Parents/Guardians - Grades Kindergarten - 6 Students

From: Craig Walsh, Principal

**All students at JBT are required to take a second language.
The choices are:**

French / Chipewyan / Cree

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

JBT SNACK PROGRAM INFORMATION AND REGISTRATION

Date: _____

Dear Parent/Guardian:

In October the JBT Snack Program will be commencing. The Snack Program provides all who register with a delicious and nutritious snack mid-morning which gives students extra energy to help them learn. Examples of snacks are fruit, vegetables, meat, cheese, bannock, bagels, etc. The snack is provided directly in the classroom after the morning recess, leaving the choice to participate up to your child.

The program is provided free of charge to all students. The cost to run this program has steadily increased over the past few years and to meet our requirements for funding we must collect donations from parents. The DEA would like any parents who can afford to donate to the program to attach their donation to the registration form and return to their child's teacher. ANY donation would be greatly appreciated. Receipts will be provided for charitable donations.

In order to best serve suitable food to your child, we require the following information about health and dietary concerns. Please have your child return this form to their teacher by _____ . Thank you!

FOOD ALLERGIES:

FOOD RESTRICTIONS:

(Name of Student)

(Teacher & Grade)

(Parent/Guardian Signature)

(Date)

DONATION: \$_____ Thank you so much!

IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THE PROGRAM, PLEASE DO NOT HESITATE TO CONTACT JBT SCHOOL ADMINISTRATION 872-4528 OR LOUISE CUMMING AT THE FORT SMITH DISTRICT EDUCATION AUTHORITY 872-2011.

J.B.T. LUNCH CONTRACT

I, _____,

(please print student's name)

understand that eating at school is a privilege and carries with it a responsibility on my part to behave in a respectful manner at all times and to cooperate with other students and staff members.

FOR UNACCEPTABLE BEHAVIOUR the following steps will be taken:

- 1st incident results in a warning phone call to parents
- 2nd incident results in loss of lunch privileges for 5 days
- 3rd incident results in loss of lunch privileges for the rest of the semester (either September to December, January to March, or April to June)

Student's signature

Teacher's signature

Parent's signature

Date

Please provide the following information:

Parents Name(s) _____

Phone#: home _____ work _____

cell _____ cell _____

Additional emergency name and phone # _____