



# Xwemélch'stn Etsímawtxw Registration Checklist

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- Birth Certificate
- BC Service Card
- Status Card (if applicable)
- Student health records

*Please note that in order for your registration form to be **complete**, all required documentation listed above must be included, and all signature fields signed by the parent/guardian.*



**Xwemélch'stn Etsimxwawtxw School**  
**Student Registration Form**

**Student Information**

<b>Entering School Year</b>		<b>Entering Grade</b>	
<b>LEGAL Last Name</b>		<b>LEGAL First Name</b>	
		<b>LEGAL Middle Name(s)</b>	
<b>Usual Last Name</b>		<b>Usual First Name</b>	
		<b>Usual Middle Name(s)</b>	
<b>Gender:</b>		<b>Birthdate (DD/MMM/YYYY):</b>	
<b>Band Name &amp; Band Number:</b>			
<b>Apt#</b>	<b>Address</b>	<b>City</b>	<b>Postal Code</b>
<b>Name of Previous School</b>		<b>City</b>	<b>Province</b>
			<b>Postal Code</b>
<b>If yes, please list name of school(s):</b>		<b>School Year(s) attended:</b>	
<b>Inclusive Education:</b>		<b>Additional Assessment Information (please specify and provide a copy):</b>	
<input type="checkbox"/> IEP <input type="checkbox"/> Speech/Lang. <input type="checkbox"/> OT/PT		Developmental/Psych Ed, Medical Diagnosis, OT/SLP/PT Reports	
<b>Language(s) Spoken at Home</b>		<input type="checkbox"/> <b>(copy provided)</b>	
<b>Medical Alerts:</b>			
<input type="checkbox"/> Anaphylaxis (Acute Allergic Reaction) <input type="checkbox"/> Blood Clotting Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Serious Heart Condition <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Severe Asthma <input type="checkbox"/> Complex Medical Needs (potentially life threatening)			

**Parent/Guardian Information**

<b>Student Lives With:</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
<b>Legal documentation involving guardianship: separation, divorce, guardianship orders, (copy provided)</b>			<input type="checkbox"/>
<b>Parent/Guardian/Caregiver 1</b>		<b>Relationship to Student:</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Address (if different from Parent/Guardian 2)</b>	
<b>Email Address</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>

<b>Parent/Guardian/Caregiver 2</b>		<b>Relationship to Student:</b>	
<b>Last Name</b>	<b>First Name</b>	<b>Address (if different from Parent/Guardian 1)</b>	
<b>Email Address</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>

**Alternate Contact Information (if Parent/Guardian cannot be reached)**

<b>Contact 1 - Last Name</b>	<b>First Name</b>	<b>Relationship to Student</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>
<b>Contact 2 - Last Name</b>	<b>First Name</b>	<b>Relationship to Student</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>
<b>Contact 3 - Last Name</b>	<b>First Name</b>	<b>Relationship to Student</b>
<b>Home Phone</b>	<b>Work Phone</b>	<b>Cell Phone</b>

**Health Record Information**

In order to protect the health of your child and other children in the school, all the parents and guardians or children enrolled at Xwemélch'stn Etsimxwawtxw must provide a statement of the child's health status. We are requesting a copy of your child's immunization record which indicates if they are protected against the following communicable diseases: Diphtheria, Pertussis, Tetanus, Poliomyelitis, Haemophiles, Influenza B and other determined by law.

We are requesting other health information, see below

**Personal Health Care Card Number:**

**Doctor's Name**

**Doctor's Phone Number**

**Any Allergies:** \*Please note that if any medication is to be administered a form needs to be filled out\*

**Toilet Training for New Students Only (K4/New K5 Students)**

\*Please note: to be enrolled your child needs to be fully toilet trained\*

**If new, is your child fully toilet trained?**

**Yes**

**No**

**Did they attend anywhere before our school?**

**Yes**

**No**

**Name of previous daycare:**

\* Please note that it is **very important to keep your child's records updated in case of emergency** \*  
If you need to update your information, please contact the school office at 604-985-1515

## Parent/Guardian Consent

### Permission for EMERGENCY Medical Aid In Case of Accident or Illness Consent Release

I hereby give my permission to authorized staff of Xwemélch'stn Etsimxwawtxw School to call an ambulance or my family physician in case of accident or illness of my child \_\_\_\_\_ when I cannot be immediately reached.

**\*Parent/Guardian Signature:**

### Permission for Day School Field Trips:

I hereby give permission for my child, \_\_\_\_\_, to participate in school supervised day field trips.

**\*Parent/Guardian Signature:**

### Permission for Photo/video Taking

I hereby give permission for my child, \_\_\_\_\_, to participate in Xwemélch'stn Etsimxwawtxw School picture/video taking. Photos may be used on the school website or shared with external funding agencies, newspapers, TV networks the Ta7Inewas - Education Employment & Training may be working with.

**\*Parent/Guardian Signature:**

### Consent to Obtain and Release Information

Any information in Xwemélch'stn Etsimxwawtxw student files such as: registration documents or student assessments are ***strictly confidential***. The sharing of these documents ***can only be released on the authority of the custodial parent/guardian.***

Therefore, I give Xwemélch'stn Etsimxwawtxw School permission to share and discuss my child, 's progress using enclosed student documents, using written or verbal information.

**\* Note:** Parents/guardians would be contacted before **any** therapy services are used with your child. **We would not use** therapy services ***without parent/guardian permission.*** \*

I, \_\_\_\_\_, give my permission to share information with the following agencies:

- Xwemélch'stn Etsimxwawtxw School Based Team
- Squamish Nation Education Department
- FNEESC: First Nations Education Steering Committee
- FNSA: First Nations School Association
- Supported Child Care Development
- Pediatricians or Family Doctors
- Public School transferred from or to
- Contracted Therapists (Speech and Language Pathologist/Occupational Therapist)

**\*Parent/Guardian Name:** \_\_\_\_\_

**Signature:**

### Bus Contract

The bus service begins at 8:00am and drop-off begins at 3:00pm. Once you have a **designated stop**, this is the stop for the year, and it cannot be changed I will pick my child up at:

<input type="checkbox"/> Mission & 1st	<input type="checkbox"/> EsIha7an	<input type="checkbox"/> Seymour	<input type="checkbox"/> Not Required
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**\*Please note:** due to enrollment numbers, the bus schedule is tight for time and number of seats\*

It is important to arrive a few minutes before the bus arrives for AM and PM pick up times.

Should you not be available to drop off or pick up your child at their designated stop, it is important to have an ***authorized contact person***, we will not release your child to persons who are not on the emergency/authorized contact list.

If for some reason there is no one authorized to pick up *your child at their designated stop*, *your child will be brought back to the school grounds*, to be picked up. Please call the school 604-985-1515 at this time and we can contact/locate the bus driver.

- If for some reason there is repeated failure to pick up your child, you will receive a phone call, then a written warning and then temporary suspension of bus service.

\* The bus driver will have a cell phone for **emergency purposes only**. If you need to make arrangements about your child's bus services, please contact the school at 604-985-1515. \*

It is important for our young students to understand ***bus safety***. Please discuss with your child the importance of staying seated at all times on their chair and in their seat belts.

If a child is acting in an unsafe manner on the bus and is posing a danger on themselves or others, the following procedure will happen:

- Student will be given a verbal warning and spoken to (bus driver will inform parent)
- If unsafe actions continue, the parent/guardian will receive a written warning, and we'll work together to help solve the problem.
- If unsafe actions continue further, bus service will be temporarily suspended

**Please attach any special instructions** re: child release to daycare or family visits/shared custody schedule.  (Attached)

Please indicate your authorized bus pick up.

Name	Phone number	Relationship

I, \_\_\_\_\_, acknowledge and understand my responsibility of all the above information about the bus service at Xwemélch'stn Etsimxwawtxw School.

**\* Parent/Guardian Signature:**