



Xwemélc'htn Estimxwawtxw

Registration Checklist

Skwxwú7mesh
Úxwumixw

1. Birth Certificate
2. BC Service Card
3. Status Card (if applicable)
4. Student health records
5. Additional Assessment Information (e.g. IEP, Psych Ed, Medical Reports...)

*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. Only students with complete applications will be considered for placement.*

The effective date of registration is entered when all required documentation has been received. A registration without all the required documents will be pending until all the required documents are submitted.

Placement confirmation and information will be communicated through email or phone. Students registered during initial registration will receive notice of placement or waitlist by the end of May. Students registered after initial registration will receive notice of placement at the end of August of the upcoming school year.



**Xwemélc'h'stn Etsimxwawtxw School
Student Registration Form**

Student Information

Entering School Year	Entering Grade			
LEGAL Last Name	LEGAL First Name	LEGAL Middle Name(s)		
Usual Last Name	Usual First Name (if different)	Usual Middle Name(s)		
Gender:	Birthdate (DD/MMM/YYYY):			
Band Name & Band Number:				
Apt#	Address	City	Postal Code	
Name of Previous School		City	Province	Postal Code
If yes, please list name of school(s):		School Year(s) attended:		
Inclusive Education: IEP Speech/Lang. OT/PT		Additional Assessment Information (please specify and provide a copy with registration): Developmental/ Psych Ed, Medical Diagnosis, OT/SLP/PT Reports		Yes (copy attached)
Language(s) Spoken at Home				

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 or No

Did they attend anywhere before our school? Yes or No

Name of previous daycare/preschool:

* 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 Information

Student Lives With:	Both Parents	Mother Only	Father Only	Legal Guardian	Other
Legal documentation involving guardianship: separation, divorce, guardianship orders, (copy provided)					Yes

Parent/Guardian/Caregiver 1		Relationship to Student:		
Last Name	First Name	Address		
Email Address	Phone Number	Work Phone	Cell Phone	
Parent/Guardian/Caregiver 2		Relationship to Student:		
Last Name	First Name	Address		
Email Address	Phone Number	Work Phone	Cell Phone	
Alternate Contact Information (if Parent/Guardian cannot be reached)				
Contact 1 - Last Name	First Name	Relationship to Student		
Phone Number	Work Phone	Cell Phone		
Contact 2 - Last Name	First Name	Relationship to Student		
Phone Number	Work Phone	Cell Phone		
Contact 3 - Last Name	First Name	Relationship to Student		
Phone Number	Work Phone	Cell Phone		
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 Xwemélc'h'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				
Medical Alerts:	Anaphylaxis (Acute Allergic Reaction)		Blood Clotting Disorder	Diabetes
Serious Heart Condition	Seizure Disorder	Severe Asthma	Complex Medical Needs (potentially life threatening)	
Notes:		Notes:		
Doctor Name	Doctor Phone		Care Card #	
Any Allergies: *Please note that if any medication is to be administered a form needs to be filled out*				

Parent/Guardian Consent/Acceptance

Student Attendance

Regular attendance is an essential part in a child's success at school. It is important that children **arrive on time and attend** each day. Children who attend regularly, learn to read, write, and solve problems with more ease. The School Principal or School teacher will ask to speak with the family if a child does not attend school for more than 5 days a month without any justifiable reason. We will offer to help with any other support systems within the community (Ayas Men Men), if your child is experiencing any challenges.

***Parent/Guardian Signature:**

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 Ta7lnewás' - 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; FNESC; FNSA; Supported Child Care Development; Supported Child Care Development; Pediatricians or Family Doctors; Public School transferred from or to; Contracted Therapists (Speech & 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:

Mission & 1st

Eslha7an

Seymour

***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.

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:**