



<b>Xwemélch'stn Etsímxwawtxw School Permanent Confidential Record of Student Information</b>		
<b>Last Name:</b>	<b>Given Names:</b>	
<b>Date of Birth:</b>		
<b>Band Name &amp; Band Number:</b>		
<b>Home Address:</b>		
<b>Grade enrolling in:</b>		
<b>Have I submitted Copies of: Check boxes if complete</b>	Birth Certificate	Status Card
Signed up for Remind App	Immunization Records	BC Care Card
<b>Parent/Guardian Information</b>		
Mother's Name	Mobile:	
	Home:	
	Work:	
	Email:	
Father's Name	Mobile:	
	Home:	
	Work:	
	Email:	
Does your child reside with both parents? <span style="float: right;"><b>Yes or No</b></span>		
If No, does your child's family need 2 copies of their report card? <span style="float: right;"><b>Yes or No</b></span>		
2 <sup>nd</sup> Name:		
Are there any legal custody agreements regarding your child? <span style="float: right;"><b>Yes or No</b></span> <small>*If so, please attach a copy of your custody papers*</small>		
<b>If applicable/ Social Worker</b>	Phone Number:	Email:
<b>Name:</b>		
<b>If applicable Guardian Info:</b>	Phone Number	Email
<b>Name:</b>		
Guardian Mailing Address if different:		

### Authorized/Emergency Contact Information

**\*Please note: If we cannot get a hold of you we will phone in order 1-3\***

Contact 1	Name	Relationship	Phone Number
Contact 2	Name	Relationship	Phone Number
Contact 3	Name	Relationship	Phone Number

### 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 Etsímxwawtxw 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, Haemophilus, 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\*

<b>Special Learning Considerations or Medical Alerts</b>	Anaphylaxis (extreme allergic reaction)		Serious heart condition
Learning Assistance	Severe Asthma		Blood Clotting Disorder
Identified Special Needs	Diabetes		Other:

### Toilette Training For New Students Only (K4/New K5 Students)

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

**If new, is your child fully toilette trained?** Yes or No

**Name of previous school/daycare: Did they attend anywhere before our school?** Yes or No

- 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

### Xwemélch'stn Etsímxwawtxw School

## 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 Etsímxwawtxw School to call an ambulance or your 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 authorize my child, \_\_\_\_\_, to participate in Xwemélch'stn Etsímxwawtxw School picture/video taking. Photos may be used on the school website or shared with external funding agencies, newspapers; TV networks the SNED maybe working with.

**\*Parent/Guardian Signature:**

### Consent to Obtain and Release Information

Any information in Xwemélch'stn Etsímxwawtxw 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 Etsímxwawtxw 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 Etsímxwawtxw School Based Team
- Squamish Nation Education Department
- FNEC: First Nations Education Steering Committee
- FNSA: First Nations School Association
- Supported Child Care Development
- Pediatricians or Family Doctors
- North Vancouver School District 44 (when they transfer into public system)
- Contracted Therapists (Speech and Language Pathologist / Occupational Therapist)

**\*Parent/Guardian Name:**

**Signature:**

## Xwemélch'stn Etsímxwawtxw School

### Bus Contract

The bus service begins at 8:00 am and Drop Off begins at 3:00 pm.

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 & 1 <sup>st</sup>	Eslha7an	Seymour
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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 talked 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 Etsímxwawtxw School.

**\*Parent/Guardian Signature:**

### Xwemélch'stn Etsímxwawtxw School

## Notification Of Newsletters/Reminders Home

Would you like to be notified electronically by email?      **Yes**      **or**      **No**

\*If you have more than 1 student, we will give the notice to the oldest student\*

If yes, who would you like to receive these emails?

\*cross off the names that do not need an email, we will use emails above\* Thank you

1. Mother
2. Father
3. Social worker
4. Guardian/Other: