



HAISLA COMMUNITY SCHOOL

#1534 Jasse Street, Box 1120, Haisla PO, Kitamaat, BC, V0T 2B0
Phone: (250)632-5011 OR Email: hcs@haisla.ca; rparker@haisla.ca

2024/2025 Registration

You must provide copy of Status Card, Care Card, Birth Certificate, and agree to an interview with the Principal, Inclusion Teacher, and Classroom Teacher

Legal <i>Family</i> Name	Legal <i>First</i> Name	Legal <i>Middle</i> Name
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Name child likes to be called (if different than legal name) _____

Gender: Male ___ Female ___ Birth date: YYYY ____ MM ____ DD ____

Band Name: Haisla Nation Band OR other _____
Status Number: _____ (10-digit number)

Parent/Guardian: A Name _____ Cell Number: _____
Home Number: _____
Mailing Address: _____

Parent/Guardian: B Name _____ Cell Number: _____
Home Number: _____
Mailing Address: _____

Emergency Contact:
Name & Relationship: _____ PH Number: _____

Family Doctor: _____ PH Number: _____
Care Card Number _____
Medical/Special Notes: Vision, Hearing, Allergies

Last School Attended & Telephone#: _____

Previous Grade: ____ Teacher: _____

Notes: (Individual Education Plan/Learning Exceptionalities/Physical Limitations/Other information about your child's education:

Other siblings attending this school:

Bus Registration: _____

Student & Parent Handbook given: _____

FIELD TRIP PERMISSION FOR KITIMAT AND TERRACE AREA FOR THIS SCHOOL YEAR

I _____ understand and agree that by signing this document I give my permission for all field trip activities within Kitimat and Terrace area.

Parent/Guardian Print: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO PERMISSION FOR THIS SCHOOL YEAR

During the school year, there may be times when photographers/videographers are present at the school taking pictures of the school and community events. These pictures may be printed in newspapers/newscasts or in the publications of HCS, HCS Education Facebook pg. and other organizations.

Name of Child/youth

Grade

- Agree** I have read the above information. My *child/youth* may take part in activities that may involve the photographing and distribution of pictures involving my child.
- Do Not Agree** I have read the above information. My *child/youth* may **not** take part in activities that may involve the photographing and distribution of pictures involving my child.

Signature of Parent or Guardian

Year/Month/Day

Checklist

Dates Completed:

Status Card photocopy	
Care Card photocopy	
Birth Certificate photocopy	
Interview with Principal, Inclusion Teacher, and Classroom Teacher	
Names/Gender/Birth Date	
Band Name and Status Number	
Parents/Caregiver/Emergency Contact	
Doctor/CC/Health Info	
Previous School/Grade/Learning Info	
Siblings/Bus/Handbook	
Field Trips	
Photo/Video Consent	
Alternative Custody/Living Arrangements	

*PLEASE HAND IN ONCE THIS CHECK LIST IS COMPLETED.

Registration will be completed once you have submitted all of the above.