



Driftpile Cree Nation - Mihtatakaw Sipi School

P.O. BOX 240 Driftpile, Alberta, T0G 0V0. Phone: 780-355-3615 Fax:780-355-2135

Enrolment Form

Fill in and complete the following information:

- Academic Year 20_____ to 20_____
- K4 – Grade 9
- Homeschool
- High School (Grade 10 – 12)
- I require bussing

Student Information

Student's Legal Name _____
Last First Middle

Sex: M F

Birthdate: ____/____/____ Age as of December 31st ____
Month Day Year

Grade _____ Citizenship: _____

(Copy of birth Certificate required for all students entering Kindergarten)

Last school Attended: _____

Number of last School attended: _____

Band: _____ Living on a Reserve Yes No

Treaty #: _____

Parent(s)/Guardian(s) Information

Name: _____
Last Middle Initial First

Name: _____
Last Middle Initial First

Mailing Address: _____

Home/Cell Tel.: _____ Work. Tel: _____

Medical Information

Are there any particular medical needs that your child may be experiencing, which Mihatakaw Sipy School should be aware of?

(This may include but not limited to the following: Physical Disabilities, Allergies, Serious Illness)

Please explain briefly:

Health Care Number: _____

Note:

K4/K5 students will not be accepted if they lack toilet training. However, we can accept them later in the school year when this is no longer a problem.

Emergency Contacts:

Name: _____

Mailing Address: _____

Telephone: _____

Name: _____

Mailing Address: _____

Telephone: _____

In the event that any of the emergency contacts listed above cannot be notified within a reasonable amount of time, I hereby authorize Mihtatakaw Sipi School to take actions deemed necessary in treating any injuries my child may suffer.

Additional Consent is required for the following:

Specialized students support services:

We carry out regular routine assessment, evaluation, and individual Program planning mandated by Alberta Learning to better serve the needs of all our students. If required, we also provide additional services for your children such as speech and language pathology testing and intervention and one-on-one instruction. The child's teacher will keep you up-to-date on all aspects of your child's program.

I hereby authorize the school to provide these services.

Specific testing by an educational psychologist will require separate parental authorization.

Custody:

In rare instances, a child may be designated as "Protected" if a court has issued a restraining order under the Child Welfare Act, the Domestic Relations Act, the Divorce Act, or the Young Offenders Act. Please indicate if the School Administration should be aware of any such Court Order for the protection of your child:

_____ **Yes**

_____ **No**

If "yes" please make arrangements to discuss this situation with School Administration. Legal Documentation will be required.

Permission Release:

I give permission to Teachers or Administrators at the Mihtatakaw Sipi School to:

1. Release information to the Regional Health Authorities
_____ **(Yes)** _____ **(No)**

2. Display photographs or video images of my child in relation to school-related activities within the school or school newsletter
_____ **(Yes)** _____ **(No)**

3. Display photographs or video-images of my child in relation to school-related activities outside the school
_____ **(Yes)** _____ **(No)**

4. Use or display my child's name in (classrooms/hallways/newsletters or other school publications) original written or graphic works created by my child
_____ **(Yes)** _____ **(No)**

5. Allow third parties (including media) to photograph my child in relation to school-related activities
_____ **(Yes)** _____ **(No)**

For more information on these and other school policies, please contact the Principal at **780- 355-3615**.

Parent/Guardian Signature

Date

Please return the completed form to the School's receptionist desk