



**STUDENT ENROLMENT FORM  
(OFFICE USE ONLY)**

**GRADE** \_\_\_\_\_

**HOMEROOM** \_\_\_\_\_

**TEACHER** \_\_\_\_\_

**PROGRAMS**

**ELL**

**INTENSIVE FRENCH**

**IMMERSION**

This information is being collected under the authority of the Yukon Education Act for statistical purposes and for Yukon Education’s student information system (YSIS). No personal information will be disclosed without the written consent of the child’s parents/guardians, or from a student over the age of 19.

Yukon Education is required under the Yukon Access to Information and Protection of Privacy (ATIPP) Act to ensure that only the information necessary to perform a department’s function is collected and that the information is stored in a secure manner. Parents/Guardians have the right to view the information collected and to correct it if necessary.

**STUDENT INFORMATION**

Legal Last Name \_\_\_\_\_ Usual Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_

Legal Middle Name \_\_\_\_\_ Preferred Middle Name \_\_\_\_\_

Gender \_\_\_\_ (M/F) Birth Date \_\_\_\_\_ DD-MON-YYYY

Last Name, Gender and Birthdate are required for Restrictive Query (F8)

**PREVIOUS SCHOOL INFORMATION**

Have you previously attended a Yukon school? Yes  No  Have you attended a British Columbia school? Yes  No

Name of School \_\_\_\_\_ Name of School \_\_\_\_\_

Address \_\_\_\_\_

**CUSTODY INFORMATION**

Is there a court order relating to your child? Yes  No

**If yes, please contact your school’s administrator, as soon as possible, to provide details and documentation.**

Other family information you wish to provide \_\_\_\_\_

**PHYSICAL ADDRESS**

Home Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Province/Territory \_\_\_\_ Postal Code \_\_\_\_\_

**MAILING ADDRESS (if different from Physical Address)**

Home Phone \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

Province/Territory \_\_\_\_ Postal Code \_\_\_\_\_

**CITIZENSHIP STATUS**

Canadian Citizen

Landed Immigrant

Visitor (If “Visitor” you must provide a copy of your Student Authorization from Immigration Canada.)

**PROOF OF AGE DOCUMENTATION**

Birth Certificate

Other \_\_\_\_\_

**ABORIGINAL ANCESTRY (Optional)**

Are you First Nations, Métis, or Inuit? Yes  No

Yukon First Nations Yes  No

If you are a member of a Yukon First Nation, please indicate below:

Carcross/Tagish FN <input type="checkbox"/>	Ross River Dene Council <input type="checkbox"/>	Kwanlin Dun FN <input type="checkbox"/>	Teslin Tlingit Council <input type="checkbox"/>
Champagne and Aishihik FN <input type="checkbox"/>	Ta’an Kwach’an Council <input type="checkbox"/>	Liard FN <input type="checkbox"/>	Trondek Hwech’in FN <input type="checkbox"/>
FN of Nacho Nyak Dun <input type="checkbox"/>	Vuntut Gwitchin FN <input type="checkbox"/>	Selkirk FN <input type="checkbox"/>	
Little Salmon/Carmacks FN <input type="checkbox"/>	Kluane FN <input type="checkbox"/>	White River FN <input type="checkbox"/>	

**The Right to Receive French First Language Education**

According to Section 23 of the Canadian Charter of Rights and Freedoms, a parent/guardian who is a (1) citizen of Canada (a) “whose first language learned and still understood” is French, or (b) “who have received their primary school instruction in Canada in French have the right to have their children receive primary and secondary school instruction in French.” (2) Or, if the parent/guardian of a child whom “has received or is receiving primary or secondary school instruction in French, have the right to have all their children receive primary and secondary school instruction in French”. **This does not include students in a French Immersion Program.**

Does your child have the right to receive French First Language education, according to the criteria listed above? Yes  No

**MEDICAL INFORMATION**

Name of child’s doctor \_\_\_\_\_ Yukon Health Care Number \_\_\_\_\_

Does your child have a life threatening illness? Yes  No  Other health concerns, **including allergies**? Yes  No

Other medical information you wish to provide \_\_\_\_\_

**If your child has any medical concerns, please contact the school office to complete or update your child’s Medical Information Form.**

SIBLINGS IN THIS SCHOOL

LEGAL NAME	BIRTHDATE (DD-MON-YYYY)	GENDER (M/F)	RELATIONSHIP

PARENT/GUARDIAN INFORMATION

Relationship to Student \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Living With Student Yes  No

Same As Student Address Yes  No

Street \_\_\_\_\_

City \_\_\_\_\_

Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

First Language \_\_\_\_\_

Other Information \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Relationship to Student \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Living With Student Yes  No

Same As Student Address Yes  No

Street \_\_\_\_\_

City \_\_\_\_\_

Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

First Language \_\_\_\_\_

Other Information \_\_\_\_\_

**The information in this section is considered third party information under the Access to Information and Protection of Privacy (ATIPP) Act. Consent is required from the individual for the Yukon Department of Education to collect this information.**

EMERGENCY CONTACT INFORMATION

1. Last Name _____ First Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____ Can This Person Pick Up The Student? Yes <input type="checkbox"/> No <input type="checkbox"/>	2. Last Name _____ First Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____ Can This Person Pick Up The Student? Yes <input type="checkbox"/> No <input type="checkbox"/>
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AFTER-SCHOOL CARE PROVIDER

Name \_\_\_\_\_ Phone \_\_\_\_\_

SCHOOL BUS INFORMATION

Student to be registered for school busing? Yes  No

If the student has special transportation requirements, such as multiple pickup/drop-off points, medical conditions, allergies, or must be met at the bus stop after school, please complete a *Special Transportation Application*.

PHOTO RELEASES

I consent for my child's school photo to be included in his/her school record for identification purposes only. The photo will not be used for any other purpose. Yes  No

I consent for photos of my child to be used for school-related activities, such as school displays, local media, reports, newsletters, etc. Yes  No

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions about filling out this form, please call: YSIS Help Desk (867-667-8842).

If you have any questions about the collection or use of the personal information on this form, please contact the Access to Information and Protection of Privacy Coordinator at 667-8326.