



Williams Lake
FIRST NATION



Little Chief's
PRIMARY SCHOOL

F223 Welcome to Little Chiefs Primary School Registration Package

School Year: _____

Student Name: _____

Please complete this registration package and return it to the school if your child will be attending Little Chiefs Primary School in September.

Please return this form as soon as possible for our records to be updated.
Any questions or concerns please contact the school at
(250) 296-3507 ext. 118 or 115 or email judy.brigham@wfn.ca

School Bus Agreement and **Schedule will be provided once school commences**

Registering your child (ren) at Little Chief's Primary School you will need the following documents:

Please Check the boxes

- Status card
- BC Care Card
- Birth Certificate
- Report Card (most recent)

Returning Students Only:

Please Check if there's any changes to the following:

- Child (s) Name
- Status Card Registration
- Address
- Phone Number
- Emergency Contact Information
- After School Care
- Food Allergy
- Guardian / Parent
- Court Documents

If you didn't check anything please continue to page 6

NEW STUDENT INFORMATION

Legal Last Name _____ Usual Last Name _____

Legal First Name _____ Preferred First Name _____

Middle Name _____

Male / Female (Circle One)

Birth Date (DD-MMM-YYYY) _____

Proof of Age (Please attach copy of Birth Certificate)

Province or Country of Birth _____

Last Preschool or School _____

Last School & District _____

Kindergarten Grade One Grade Two Grade Three Grade Four (Circle one)

SIBLINGS

Full Name _____

Full Name _____

Full Name _____

Full Name _____

Inuit/First Nation/Metis Yes No (Circle)

Band Name: _____

Status Number: _____

Living on Reserve? Yes No (Circle)

Primary Language Spoken at Home: _____

Proof of Status (Please attach copy of Status Card)

STREET / MAILING ADDRESS PARENT(S) GUARDIAN NAME

Parent/Guardian Mr. /Mrs. / Ms. / Dr. (Circle One)

Last Name _____ First Name _____

Relationship to Student _____ Living with Student - Yes / No (Circle One)

Address _____

_____ Postal Code: _____

Home Phone (____)-____ - _____ Unlisted – Yes / No (Circle One)

Cell Phone (____)-____ - _____ Primary Number – Yes/No (Circle One)

Work Phone (____)-____ - _____ Available at work – Yes /No (Circle One)

Email _____

If Yes, please provide a copy of the court order.

FATHER - PARENT/GUARDIAN INFORMATION 50/50 CUSTODY

Parent/Guardian Mr. /Mrs. / Ms. / Dr. (Circle One)

Last Name _____ First Name _____

Relationship to Student _____ Living with Student - Yes / No (Circle One)

Address (if different) _____

_____ Postal Code: _____

Home Phone (____)-____ - _____ Unlisted – Yes / No (Circle One)

Cell Phone (____)-____ - _____ Primary Number – Yes/No (Circle One)

Work Phone (____)-____ - _____ Available at work – Yes /No (Circle One)

Email _____

EMERGENCY CONTACT INFORMATION

Last Name _____

First Name _____

Relationship _____

Home Number (____)-____-____

Cell Number (____)-____-____

Work Number (____)-____-____

MEDICAL INFORMATION

Doctor _____ Phone Number (____) ____ ____

Care Card No. _____

Ear Trouble Eye Problems Allergies Other _____

Life Threatening illness - Yes / No (Circle One)

If Yes, Please Explain: _____

AFTER SCHOOL CARE (This pertains to working parents/guardians and full-time students only) The after school care runs from 2:30-5:00pm.

Does your child (ren) require after school care? Yes / No (Circle One)

Full Name _____

Full Name _____

Full Name _____

Full Name _____

Lead Teacher Signature

Date

**NOTE: Please Initial
Permission for Food Program**

Little Chiefs Primary School will provide healthy, nutritious, and safely prepared daily breakfast, snack and lunch for your children. Our food program will be managed by the LCPS lead teacher and Healthy Meals Coordinator. Monthly menus will be sent as close to the first of the month as possible.

The monthly cost for the food program is free. All children who require a meal or snack will receive one. Please complete and return the attached permission slip so that we can ensure we know any allergies, food intolerance or other health conditions or reactions to foods that your child may have.

I understand that some meal menus or daily food selections may change from time to time. I will ensure to check the monthly menu and provide a bagged lunch if my child does not like what is on the menu.

I understand that it is my responsibility to inform the school of any medical conditions that my child currently has or may have in the future which may be affected by different foods offered by the school.

Does your child have any food allergies? _____

Initials:

Consent of Photography

Dear parents/guardians,

During the school year there may be times when the photographers are present at the school taking pictures of the school and community events. These pictures may be printed in newspapers or in the publication of other organizations or included in the school website.

Please include below whether you agree or do not agree to have your child's picture taken for possible distribution outside of the school pictures and the yearbook.

It is important that you complete the following form and return it to the school. Thank you for your continued support.

Initials:

ELECTRONIC COMMUNICATIONS SYSTEMS IN SCHOOLS STUDENT ACCEPTABLE USE

Student use of all school electronic communication systems must be in accordance with the following regulations.

REGULATIONS / EXPECTATIONS

1. Students are responsible for their computer accounts, access on any computer they use and all activity taking place on their computer(s) and under their passwords, therefore, must not be shared.
2. Students must not use another person's account or computer unless the teacher gives permission.
3. Teachers and Principals are responsible for taking appropriate disciplinary action when this policy is contravened.

Illegal acts committed on or through school electronic communications systems may be reported to legal authorities. Illegal acts may include but not be restricted to hacking into systems or deleting files to which the student does not have access privileges, introducing viruses or downloading or copying copyrighted material.

Inappropriate material:

I will inform my teacher if I come across any site, material information or situations that makes me feel uneasy or uncomfortable, or that I believe may contain inappropriate material.
I will not respond to a message sent to me that makes me feel uneasy or uncomfortable,
I will not post, send or download inappropriate material.

Respect for other peoples' personal information:

I will not post personal information about other people, including family members, fellow students, teachers, school employees, or friends.
Personal information may include information such as full names, school locations, interests, extracurricular activities, occupations, home or business addresses or phone numbers.

Posting student's own information on the internet:

I will not post my personal information anywhere, including my homepage if I have one, though a school computer. I may however, post school projects and work on the internet as approved by my teacher.

Just as I have been warned in the past about not meeting or talking to strangers, the same is true for using the internet – I will not meet with anyone I talk to on the internet without my parent or guardian present.

Electronic Email:

I understand that using e-mail will be at the discretion of the school, the teacher or the principal.

The students will ONLY communicate with District provided e-mail addresses.

No third-party E-mail or "chat" application (MSN or Yahoo or other) will be used at any time.

I _____, **(Student Name)** understand that I'm personally responsible for my actions, errors, and omissions using the schools communications system and accessing Internet. I further understand the consequences for failing to comply with the terms and conditions of these regulations may well exceed school disciplinary actions, and may include criminal investigations, civil suits or both. Responsible Use of Resources:

I agree to use my time on-line effectively, in posting and using services such as browsing and downloading files. I agree to keep my password secret.

- I will not do anything illegal
- I will not breach my responsibilities as a student under the Student Acceptable Use of Communications Systems when using the School's networked information or the internet.
- I will not break any regulations regarding student conduct established by the school
- I will use appropriate language on the internet

Parent Permission Form for Accessing Electronic Communications Systems

I _____, (**Parent/Guardian Name**) have read the attached “Expectations for Student Acceptable Use of Electronic Communications Systems”.

I understand that our daughter or son may access school electronic communications systems which allow them to access resources communicate with others and to publish their work.

I further understand that, should our child’s work be published, it will appear with copyright notice prohibiting use without written permission and such publication will not include personal and private information such as identifying picture of my child, her/his home address or phone number.

I also understand that filtering or blocking software which may be applied to the electronic communications systems is not foolproof and cannot guarantee 100% effectiveness.

We grant permission for our daughter or son to access the electronic communications systems and to publish their work as described above.

I grant permission

I DO NOT grant permission

Signature (Parent/Guardian)

Date

Lead Teacher Signature

Date

School Special Activity Permission

Little Chiefs Primary School Community Trips

Date: September to June **Time:** During School Hours

Location: Williams Lake First Nation Community

Notes: The intention of this permission form is to grant permission for students to leave school grounds with their class to participate in various activities that may take place within the Williams Lake First Nation Community (i.e. trip to band office, Elizabeth Grouse Gymnasium, Health Centre, trip to the fire hall, trip to powwow grounds, orange shirt day, veterans day (graveyard) etc.).

I give permission for my child: _____ (**Childs Name**) to participate fully in all activities on the trips with the Little Chiefs Primary School within the Williams Lake First Nation Community during the school year.

In case of an emergency, I give permission for my child _____, (**Childs Name**) to receive emergency medical treatment and/or transportation if deemed necessary by medical professionals.

Signature (Parent/Guardian)

Date

Lead Teacher Signature

Date