

205 Beaver Road, Suite 2 Smithers, BC VOJ 2N1 icountreception@kyahwes.ca P: 250.847.2244 ext 400 F: 250.877.5092

Student Registration Form

STUDENT INF	ORMA	TION:				Care c	ard:				
Gender:	Logo	al I a a ta Ni	·								
denuci.	Lega	Legal Last Name:			Legal First Name:			Mide	Middle Names:		
Usual Last Name: Usual F			First Nam	rst Name: Birthdate (DD/M			M/YYYY)	-			
Street Address:					34 11						
					Mail	ing Addre	ess:				
City: Pro			ovince: Postal Code			al Code:	: Home phone:				
Band:			Band Registration Number:					Clan:			
ADMISTRATIO	N INFO	ORMA	TION:								
	Registration Date (DD/MM/YYYY)				Grade:						
PREVIOUS SCH	OOL:										
District: School:				Location:							
PARENT/CAUD	DIAN	INFOI	384 A '771	ONI							
PARENT/GAUR	DIAN	INFOR	KIMA I I	UN:							
Custody: Li			Living With:			Court Access:					
PARENT/GAUR	DIAN:										
Last Name:	Firs	irst Name: Relations		ship:		Living with Student			? Same Address as Student?		
Address (if different): Place		Place o	ce of Employment:		Wor	Work Phone:			Available at work? YES/NO		
ome Phone: U		Unli	Unlisted?		4	Cell Phone:		ıe:	Fax:		Fax:
PARENT/GAURI	DIAN										
ast Name:	First N	lame:		Relation	chin.		I buden	malab Ca. 1			
1				MULAUUII	amp:		Living	g with Stude	nt?	Same	Address?



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Address (if different)		Place of Em	Place of Employment:			Work phone:		Available at work? YES/NO	
Home phone:		Unlisted?	Unlisted?			Cell Phone:		Fax:	
EMERGE	NCY CO	NTACT INFO	RMATI	ON:					
Last Name:	First Name:	irst Name:				Relationship:			
Address:	Place	e of loyment:	Work Phone:			Avai	ilable at Work:		
Home Phone:		Unlisted?		Cell Pho	one:		Fax:		
MEDICAL	INFOR	MATION:							
Doctor:	or: Phone:						Care Card Number:		
Life Threatening	g Illness:	5	pecify:						
Allergies:									
Other:									
PARENT SI	GNATU	IRE					DATE		



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KWES	SIGNA	TURE
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DATE

CONSENT	FOR RELEASE OF INI	FORMATION	
Attention:			
School Adn	ninistration Office		
Records De	partment		
Please forward, at your earlifile for the student(s) listed by	lest convenience, the Permanent Robelow. If the information is not available	ecord Card and Student ailable, please advise.	
Student	Birthdate	Grade	
I hereby authorize release of a Assessments and other records	iny confidential information, inclusing applicable, to the: ICount Secondary School, 205 Beaver Road, Suite #2 Smithers, B.C. V0J2N1	ading Special Education	
Signature		 Date	