



NISGA'A School District Summer Programs

P.O.Box 239 5000 Skateen Avenue

Registration Form

Gitlaxt'aamiks (New Aiyansh) BC V0J 1A0

Summer School Program Office Telephone (250) 633-2225 Fax (250) 633-2669

Registration Date: _____ Grade: _____
Male/Female

Surname: _____ Given Name(s): _____

Father's Name: _____ Mother's Name: _____

Guardian/Secondary Contact: _____

Mailing Address: PO Box # _____ Street _____ City/Village _____

Summer Address (if different) _____

Date of Birth: (y/m/d): _____ Care Card #: _____

Telephone: Home # () _____ - _____ Work # () _____ - _____ Cell # () _____ - _____

Band: _____ Band # _____ Status # _____

Last School Attended: _____

Languages spoken at home (circle all):
Name English Nisga'a French Other *Address*

In Case of Emergency will you give approval to seek medical assistance? (Nisga'a Valley Health Centre) **Y or N**

Emergency Contacts:

Name *Telephone #*

Name *Telephone #*

Name *Telephone #*

FOR EMERGENCY PURPOSES, PLEASE LIST ALL/ANY MEDICAL CONDITIONS YOU HAVE:

_____ (i. e. Allergies, Asthma, Epilepsy, etc.)

Any specific instructions to follow in case of emergency?

Fill out the following only if applicable:

If parents are separated/divorced, is there a legal custody agreement in place? **YES or NO**

If so, WHO has legal custody (who does the child live with)?

DATES

Secondary Summer School Monday: July 3rd thru July 20th ,

PLEASE fill out

Type of registration (circle) Make up/Remedial New Course Other

Course Selection: Math/Science Stream _____ Humanities Stream _____ Other _____

Write down the name(s) and grade(s) of course desired:

First Choice Name _____ Grade _____

Second Choice Name _____ Grade _____

Courses will be held at NESS—bus will be provided if enough students

If student has been referred by teacher please attach the work needed to complete the course.

Parent email _____ Student email _____

Parent/Guardian's Signature

Student's Signature