



Yellowknife Education District No. 1

Registration Form Pre-Kindergarten Program

This registration form is a legal document. It must be accurate and complete.
All information will be treated confidentially.

Please select your class preference

FULL TIME (M/T/W/T/F)

PART TIME (M/T/W/T/F)

AM 8:30 – 3:30

PM - 12:30 – 3:30

AM - 8:30 – 11:30

PM - 12:30 – 3:30

Please select your school

Mildred Hall School (En.) École J.H. Sissons (Fr.) Range Lake North School (En.)

Immunization and Medical Treatment Authorization

Form Authorizing Medical Treatment

Immunization Records on File

or

Letter Declining Immunizations

STUDENT INFORMATION

Legal Last Name: _____ Legal First Name: _____

Preferred Last Name: _____ Preferred First Name: _____

Home Phone: (867) _____ Gender: Female Male

Residence Address: _____

Mailing Address: Same as residence address, Yes No (If no, please complete)

Postal Code: X1A _____

Ethnic Origin: Dene Metis Inuit Other Birthdate: _____
Day/Month/Year

NT Health Care Number: _____ Language Spoken at Home: _____

(Registration process NOT complete until copy of Health Card and/or Birth Certificate received)

PARENT/GUARDIAN INFORMATION

Last Name: _____ Legal First Name: _____

Residence Address: Same as student Yes No (If no, please complete)

Postal Code: X1A _____

Relationship: _____ Home Telephone No: _____

Work Place: _____ Work Telephone No: _____ Ext: _____

Alternate No: (Cell) _____ E-mail: _____

Last Name: _____ Legal First Name: _____

Residence Address: Same as student Yes No (If no, please complete)

Postal Code: X1A _____

Relationship: _____ Home Telephone No: _____

Work Place: _____ Work Telephone No: _____ Ext: _____

Alternate No: (Cell) _____ E-mail: _____