

# Gitwangak Education Society

Wilp Si Wilaxinsxwhl Simgiyet

Administration

Wo'umxhl Simalgyax Daycare/headstart

Phone 250-849-5330 or 250-849-8421 Fax 250-849-532

PO Box 280, Kitwanga, B.C. V0J 2A0

Post Secondary

Gitwangak Adult School

Phone 250-849-5855 Fax 250-849-5607

## Elementary Registration

Date of Registration: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

City: \_\_\_\_\_ District: \_\_\_\_\_ Date Last Attended: \_\_\_\_\_

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Legal Name (if different): \_\_\_\_\_

Birthdates: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Birth Place: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Box) (City) (Postal Code)

Home Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Does your child have any medical concerns or allergies we should be aware of?  
\_\_\_\_\_

Emergency Contact #1: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact #2: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Birth Certificate:  Yes  No

Registered Status Indian:  Yes  No

Status Card #: \_\_\_\_\_ Band: \_\_\_\_\_

BC Care Card Number: \_\_\_\_\_