



School District 92 (Nisga'a) K-12 Registration Form Adult Student 19+ ONLY

5201 Tait Avenue. PO Box 240
New Aiyansh, BC V0J 1A0
Phone: (250) 633-2228
Fax: (250) 633-2333

**please note that all fields are required*

Legal last name:		Legal first name:	
Legal middle names:			
Usual first name:		Grade	
Street:		Mailing address:	
Town:			
Home Telephone: <input type="checkbox"/> unlisted		Work Phone	
Date of birth* (d/m/y): ____ / ____ / ____			
Nisga'a Citizenship number:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Aboriginal Ancestry Y / N		Tribe:	
Band:		Band number:	
Last school attended:		Language spoken at home	
Are there any medical concerns that may be relevant			
Emergency Contact			

I give my consent for:

1. School District 92 to collect and use my personal information in a manner consistent with the Freedom of Information and Protection of Privacy Act and the BC *School Act*.
2. The release of my name, phone number and address, for communications purposes to School District Personnel, and (if not marked "unlisted") the Parent Advisory Council, or others responsible for organizing activities for a school. (Your personal information will not be disclosed to anyone for business or commercial purposes.)
3. The publication of my name, photograph and comments in a school year book or newsletter and on occasion, in a school district calendar, annual report, web sites, or in the news media. (It is a tradition in our school district to allow district staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the School District.)

Signature: _____ **Date:** _____

Name (print please): _____

Date: _____