



Student Registration Form 1/2

Date		
Student personal information		
Surname	First name	Middle name(s)
Date of birth (yyyy/mm/dd)	Date of birth verified by <input type="checkbox"/> copy of birth certificate is on file <input type="checkbox"/> copy of baptismal certificate is on file <input type="checkbox"/> other	
Gender	Ethnicity <input type="checkbox"/> I = Inuit <input type="checkbox"/> A = Indigenous non-Inuit <input type="checkbox"/> N = non-Indigenous	
GN student ID number		

Student phone number	Student email address
Homeroom teacher	Enrolling into grade
Other identifiers (if available – voluntary only)	

Parent/guardian information		
<input type="checkbox"/> Parents <input type="checkbox"/> Guardians <input type="checkbox"/> Other		
Names		
Employment information		
Telephone number		
Email address		
Special circumstances – custody issues		
Address information		
PO Box	House number	
Community	Postal code	

Emergency contact information	
Emergency contact person(s)	Contact telephone number



Student Registration Form 2/2

Language preferences

1st language of correspondence

- Inuktitut
 Inuinnaqtun
 English
 French

2nd language of correspondence

- Inuktitut
 Inuinnaqtun
 English
 French

Language(s) spoken at home

- Inuktitut
 Inuinnaqtun
 English
 French

Is this student a French First Language student? yes no

Health issues

Are there any health issues that the school should be aware of? yes no
If yes, complete a separate health form.

Previous school history

Last school attended

Year

Previous teacher or school contact person

Telephone

Fax

Grade placement Promoted Placed Retained

Parental/guardian declaration

I hereby declare that the above information is correct to the best of my knowledge.

Signature

Date

School information

Name of school

Community

School ID number

Principal's signature (required)

Date

Office use only

Date received

Date processed