R Lleq̓emelten r Ṫselcewtqen
Chief Atahm School (C.A.S.)
STUDENTS REGISTRATION FORM

For Office Use Only:
Name of Primary Contact:________________ Date Entered:________________ Registrar Initials:________
☐ Copy of Birth Certificate ☐ Copy of Status Card ☐ Copy of Care Card ☐ Copy of Interview ☐ CAS Bus Student

Personal Information *(It is your responsibility to inform the school, if phone #'s, contacts change.)*

Legal Surname:________________ Legal First Name:________________ Middle Name:________

First Name Used:________________ Sex (Circle): M or F Date of Birth:________________

Band Name & Number:________________________________

Home Mailing Address:________________________________
Box/Street City Province Postal Code

Street Address *(if different than mailing address)*:________________ **Home Phone:**________________

Siblings:	Name	Age	Relationship to student

Family Information

Marital Status of Parents: ☐ Married/Common law ☐ Divorced ☐ Separated ☐ Widow(er) ☐ Single

Print Name of Custodial Parent/Guardian in Home:________________________________
☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Grandfather ☐ Grandmother ☐ Other________
Work Phone:________________ Cell Phone:________________ Email:________________

Print Name of Custodial Parent/Guardian in Home:________________________________
☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother ☐ Grandfather ☐ Grandmother ☐ Other________
Work Phone:________________ Cell Phone:________________ Email:________________

Parent Residing Outside of Home:________________ Relationship to Student:________________
Mailing Address:________________________________
Home Phone:__________ Work Phone:__________ Cell Phone:__________ Email:__________

If custodial parent cannot be contacted, can student be released to the non-custodial parent? ____YES / NO____
If NO, must provide legal documentation
Custody Papers on File with C.A.S. ☐ YES ☐ NO

CHIEF ATAHM SCHOOL CANNOT ENFORCE CUSTODY RESTRICTIONS WITHOUT A COURT ORDER ON FILE.
I have read & I understand this requirement regarding custody restrictions above. Initial__________ Date__________

Emergency Contact Information *(Preferably someone close to school and readily accessible)*

Contact #1________________________ Relationship to child________________
Home Phone________________ Work Phone________________ Cell Phone________________

Contact #2________________________ Relationship to child________________
Home Phone________________ Work Phone________________ Cell Phone________________

Contact #3________________________ Relationship to child________________
Home Phone________________ Work Phone________________ Cell Phone________________

Education Information

Last Grade Completed:________________ Teacher:________________________

Name of Last School Attended:________________________________

Mailing Address:________________ City:________________ Province:________________

Health Information

Doctor's Name:______________________ Phone:____________________ Medical Number:_________________________

Medical Conditions/Problems *(check all that apply)*

☐ Peanut Allergy	☐ Bee Sting Allergy	☐ Other Allergy (list below)	☐ Immunization Waiver
☐ Heart Condition	☐ Diabetic	☐ Asthma	☐ Seizure
☐ ADHD/ADD	☐ Medications (list below)	☐ Other Medical Condition (list below)	☐ None

Other Allergies:

____

____

Other Medical Conditions:

____

____

Medications *(i.e: epipen, inhalers)*:	Instructions on how to use medications:

I AGREE ALL LIFE THREATENING OR CHRONIC ILLNESS MEDICATIONS WILL BE SUPPLIED AND MONITORED BY PARENTS OR GUARDIANS.

I have read & I understand this requirement regarding Health issues above. Initial__________ Date________________

Additional Information *(Please check mark)*

☐ I give permission for my child to be treated by medical personnel at the nearest hospital in case of emergency, if parent(s)/guardian(s) cannot be reached.

☐ I give permission for my child and/or his/her work to be photographed, videotaped, or tape recorded for C.A.S. website or educational purposes only.

For bus service, please fill out a bus request form.

____________________________ ____________________________

Parent/Guardian Signature Date