
Other Pupil Admission Form

Requested School of Admission:

Admission Request Date:

accepts full financial responsibility for tuition fees,
transportation and additional special needs expenses as indicated below for the school year 20 to 20

Student Name:

DOB:

Grade:

Student Band Name:

Band Number:

Permanent Resident Address:

Parent/Guardian Name:

Telephone Number:

Parent/Guardian Email Address:

Emergency Number:

Last School/Grade Attended:

This student has a formally identified exceptionalty

YES

NO

(If YES, complete the following)

Identified exceptionalty (ies):

Any current support services in place (Check Applicable)

Access to: Special Education Resource Teacher

Child & Youth Worker

Specialized Program

FIRST NATION APPROVAL SIGNATURES

Print Name of Education Officer/Director

Signature

Date

Print Name of Band Manager

Signature

Date

Print Name of Parent/Guardian/Applicant

Signature

Date

ADMISSION PENDING BOARD APPROVAL

Print Name of School Principal

Signature

Date

Print Name of Superintendent of Education

Signature

Date