

# East Three Elementary & Secondary School

Student Registration Form and information update ( please print clearly )

Grades JK-6 Ph 867.777.3040, Fx 867.777.2261

Grades 7-12 Ph 867.777.3030, Fx 867.777.4390

<b>Student Name:</b>	<b>Date of Birth:</b> (ex 14 FEB 1994 )	<b>Grade:</b>
<b>Ethnicity:</b> (CIRCLE ONE) Inuvialuit Gwich'in Metis Southern Aboriginal Non-Aboriginal	<b>Gender (circle one):</b> Male or Female	
<b>Second Language Choice</b> (students in Grades 1 to 9 only - Circle one) Inuvialuktun OR Gwich'in	<b>student email address:</b>	

### CONTACT INFORMATION

<b>1st contact</b> (Student lives with)	Name:	Relationship to student:	
	P.O. Box, street address, town / city, postal code	Home Phone:	
<b>Workplace:</b>	Place of Employment	Work Phone:	

email address of 1st contact:

<b>2nd contact</b>	Name	Relationship to student:	
	P.O. Box, street address, town / city, postal code	Home Phone:	
<b>Workplace:</b>	Place of Employment	Work Phone:	

email address of 2nd contact:

<b>3rd contact</b>	Name	Relationship to student:	
	P.O. Box, street address, town / city, postal code	Home Phone:	
<b>Workplace:</b>	Place of Employment	Work Phone:	

email address of 3rd contact:

<b>Emergency Contact:</b>	Name	Home Phone:	
	Relationship to Student	Work Phone:	

### NAME AND GRADE OF SIBLINGS ATTENDING EAST THREE ELEMENTARY OR SECONDARY SCHOOL

Name:	Brother or Sister	Grade:
Name:	Brother or Sister	Grade:
Name:	Brother or Sister	Grade:
Name:	Brother or Sister	Grade:

### PREVIOUS SCHOOL YEAR INFORMATION:

<b>Grade:</b>	Name of School
<b>Mailing Address:</b>	P.O Box, street address, Town / City, postal code
<b>Phone Number:</b>	<b>Fax Number:</b>

Northwest Territories Health Card #

Medical Conditions / allergies that the school should be aware of:

It is very important that student information is accurate and up to date. If there are any changes to the above information, it is the parents / guardians responsibility to contact the school immediately .



**East Three Schools**



**AUTHORIZATION FOR RELEASE OF INFORMATION**

My permission is hereby given to the East Three Elementary School/Beaufort Delta Education Council to release and/or receive records, reports, files, assessments, notes na deterrent plans as indicated for my son/daughter;

\_\_\_\_\_  
(Print your child's name above)

Check those that apply:

<input type="checkbox"/>	Public Health Kindergarten Screening Assessment reports
<input type="checkbox"/>	Audio testing results
<input type="checkbox"/>	Developmental testing assessments/ developmental testing results
<input type="checkbox"/>	Special Clinics reports/assessments/reports/assessments/treatment plans
<input type="checkbox"/>	Occupational Health and Therapy Service Reports/assessments/ treatment plans
<input type="checkbox"/>	Speech – Language Pathology reports/assessments
<input type="checkbox"/>	Psychology Assessments/Reports/Treatment Plans

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (DD/MM/YY)

# East Three School (Elementary & Secondary)

Bag 3, Inuvik, NT X0E 0T0

Phone: 867 777-3030 Fax: 867 777-4390



## PHOTOGRAPH/AUDIO/VIDEO Release form

East Three Schools (ETSS & ETES) seeks your support in its efforts to highlight and celebrate parental and volunteer contributions, and the work that ETSS does in its school.

In this release form, East Three Schools requests your permission to include pictures and/or video of your child for BDEC and/or East Three Schools publications. Photos and videos may be taken during various events at the school.

I give my permission to East Three Schools to use photographs and/or recordings in which my child may appear in publications for educational, promotional, and informational purposes, as described above.

I, \_\_\_\_\_, provide consent for the usage of all photographs and/or recordings of my child as indicated above.

\_\_\_\_\_

Signature

\_\_\_\_\_

date

Child's name \_\_\_\_\_



## FIELD TRIP ANNUAL CONSENT FORM

*(to be completed annually by all students and kept on file at the school)*

I/We understand that the East Three School arranges for students/children to participate in field trips, tours, off-site activities, athletic events, Aboriginal language and cultural activities, and/or other excursions ("field trip"), which, in the opinion of East Three School, have definite educational, athletic, or cultural value.

I/We, being the custodial parent(s) or guardian(s) of \_\_\_\_\_ [student's full name](the 'student') consent to the student participating in any such field trips arranged by East Three School, and we authorize the participation by the student. It is understood that my/our consent and authorization are subject to the following conditions:

1. East Three School will advise me/us in writing of the following particulars of any field trip *two weeks, if possible, and at least three school days, at minimum*, prior to the intended date of the field trip:
  - a. Destination
  - b. Arranged supervision
  - c. Date(s) and time(s)
  - d. Transportation plans
  - e. Associated risks and that should be highlighted regarding the field trip;
  - f. Costs, if any, and
  - g. A telephone number through which additional information on the field trip may be obtained.
2. I/We have the right to advise East Three School in writing, *at least two school days* before the commencement of any particular field trip, that I/we do not consent to the student participating in the field trip, in which event my/our consent and authorization will be considered as withdrawn for the particular field trip and the student shall not be allowed to participate in such field trip.
3. This consent, authorization and waiver shall be in effect for the current school year only, and include all "Day Trips, Ground Transportation" field trips.

I/We understand that any medical information requested would be collected for the purpose of student safety during field trips, including student athletic events (which are generally considered to have an inherent element of risk of injury despite all safety precautions).

Allergies/medical conditions/concerns which you think the school/chaperones should be aware of:

\_\_\_\_\_

Signature of Custodial Parent/Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ at Inuvik, Northwest Territories.

Emergency Contact information: \_\_\_\_\_

# East Three School

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## Students' Responsibilities

Each student participating in a field trip shall:

- Comply with the requirements of the school's student code of conduct
- Be prepared for the particular type of field trip (ie. wear appropriate clothing and footwear to be prepared for possible seasonal weather variances)
- Advise the field trip leader of any health concerns or dietary restrictions
- Bring any equipment, food, drink, sunscreen, etc. as listed on the field trip information sheet;
- Be accountable to the field trip leader and all supervisors
- Participate in a responsible and cooperative manner during the trip.
- Complete all academic activities related to the field trip before, during, and after the trip in a satisfactory manner; and,
- Adhere to the code of Conduct as shown below

### Conduct for all Field Trip Participants

*All field trip participants shall conduct themselves in a manner consistent with the school's code of conduct, The School's beliefs, and in a manner befitting representatives of the Beaufort Delta Education Council. Field trip participants shall be aware of local laws and customs that may impact their conduct and decisions while at the destination.*

*The use of alcohol, illegal drugs, or prescribed prescription drugs, or the misuse of prescription drugs by all participants (field trip leader, supervisor, students) is strictly prohibited at all times during the duration of the field trip, and applies to all field trips regardless of the circumstances, the age of the participants or local laws, customs and culture, and shall apply to the field trip leader and supervisors, whether or not students are present. The purchase and /or possession of any prohibited or restricted items are not permitted.*

## Parents'/Guardians' Responsibilities

Parents/Guardians are responsible for:

- Returning the signed authorization form to the school by the required deadline;
- Advising the school of any health concerns or dietary restrictions;
- Ascertaining if the level of risk associated with the trip is appropriate for their child
- Their child's transportation to and from the school or meeting place for the field trip departure and arrival
- Attending any parent/guardian information meetings regarding the field trip, if applicable;
- Ensuring their child is appropriately dressed for seasonal weather conditions, and the child brings the required equipment, food, drink, etc; and,
- Reinforcing with their child the importance of appropriate behaviour while on the field trip.



Dear Parents and Guardians:

The Rehabilitation Team of the Northwest Territories Health and Social Services Authority – Beaufort-Delta Region provides Occupational Therapy and Speech & Language Pathology services at East Three Elementary School.

Classroom observations, screenings and assessments may be completed. If specific intervention for your child is recommended, your informed consent will be sought.

If for any reason you do not wish your child to be screened or assessed by an Occupational Therapist and/or a Speech and Language Pathologist, please sign this form. Please note that you may change your consent at a later date

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian Signature

\_\_\_\_\_  
Relationship to Client



June 20, 2017

RE: East Three Elementary School Oral Health Program

Dear Parents/Guardians:

Oral health is an important part of overall health. The key to maintaining good oral health is good prevention practices. Keeping your child's teeth and mouth healthy means your child will not have to deal with pain and infection that comes with active dental decay (oral disease). Poor oral health in children is known to cause problems with sleeping, growth, development and learning. Good prevention practices not only let your child learn and grow without pain but can also reduce the need for more invasive and expensive treatments.

Attached to this letter is the **Enrollment Consent form for Oral Health Program** for the 2017-18 school year. Please complete the consent form and return promptly to the school if you would like your child to receive an oral health screening, cleaning and x-rays.

When the oral health screening is completed, a dentist from Western Arctic Dental Group will assess your child with the Dental Therapist in the dental suite at the school to develop a treatment plan. A Treatment Request Form will be sent home for your approval if needed.

Some of the preventive services available are:

- Pit and fissure sealants (protective coat for deep grooves of new teeth)
- Fluoride varnish application (to strengthen and protect teeth from cavities)
- Fillings
- Primary tooth capping (stainless steel crown)
- Uncomplicated extractions for teeth beyond repair
- Dental referrals for complicated treatments

The preventive oral health services described above are provided by the Territorial Health and Social Services Authority. There is no cost to parents.

Please feel free to contact the East Three Elementary School Dental Therapy Clinic at 867-777-4468, send a note with your child or come visit to discuss any dental concerns you would like addressed for your child.

Again, please ensure that you return the enrolment consent form to the school. Your cooperation is most appreciated.

Your School Dental Therapist  
**Adama Stevens**



## Enrollment Consent Form

### Oral Health Program – School-based

Child's Name:	Date of Birth: (yr/m/d)     /     /
Parent's name:	Parent's name:
Phone#: (w)                      (h)	Phone#: (w)                      (h)
(c)	(c)
Email:	Email:

<b>Medical History</b>	YES	NO
Is your child currently under a doctor's care for an illness?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list the medications your child is currently taking:		
Is your child currently taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child ever been hospitalized? Reason?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child smoke or use tobacco related products?	<input type="checkbox"/>	<input type="checkbox"/>

<b>Has your child ever had:</b>	NO	YES
A reaction to dental treatment	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>
Heart murmur	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Abnormal bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Communicable disease e.g tuberculosis, HIV Infection?	<input type="checkbox"/>	<input type="checkbox"/>
Has your doctor advised you that your child requires antibiotics before surgery or dental treatment?	<input type="checkbox"/>	<input type="checkbox"/>





- YES, I consent to my child participating in the Oral Health School-based Prevention Program screening and the services indicated below.**

Please check the service(s) you consent your child to receive:

- Oral Health Screening       x-rays       Oral Self-care Instruction  
 Dental cleaning (scaling)       Dental Sealants       Fluoride Varnish Application

Please provide any additional notes to the Oral Health Prevention Program regarding your child's treatment:

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**NOTE:** Following the dental examination you will receive a letter indicating if your child requires restorative dental treatment (i.e fillings, extractions, etc.) The letter will also contain the Consent for Treatment Form to obtain consent prior to providing treatment.

- NO, I DO NOT CONSENT** to my child receiving oral health prevention care.

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**Signature of Parent/Legal Guardian**

**Date**