



Ahms Tah Ow School Registration Form

RR #2 6686 Sliammon Rd.

Powell River, BC V8A 4Z3

Telephone: 604-483-9646 Ext. 232; FAX (604) 483-9769

Date of Registration: _____

LEGAL Last Name: _____ LEGAL First Name: _____

USUAL Last Name: _____ USUAL First Name: _____

Middle Name: _____

Date of Birth (MMDDYYYY): _____

MAILING ADDRESS: _____
_____ V8A _____

PHYSICAL HOME ADDRESS: _____

PHONE: (604) _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

MEDICAL INFORMATION: _____

NATIVE/INUIT/METIS ANCESTRY: YES _____ NO _____

NAME OF BAND AND NUMBER (10 digits): _____

LAST SCHOOL ATTENDED: _____

ADDRESS: _____

YEAR: _____ GRADE COMPLETED: _____

CONDITIONS FOR RETURN TO PREVIOUS SCHOOL _____

STUDENT GOAL: _____

CAREER GOAL: _____

HAVE YOU BEEN CONVICTED OF ANY CRIMINAL OFFENSES? YES _____ NO _____

ARE YOU CURRENTLY ON PROBATION? YES _____ NO _____

OFFICE USE ONLY

REFERRAL TO:

<u>SLIAMMON:</u>	<u>POWELL RIVER</u>	<u>OTHER</u>
___ SOCIAL DEVELOPMENT	___ CAREER LINK	___ UNIVERSITY
___ POST SECONDARY/GFA	___ V.I.U.	
___ SLIAMMON HEALTH		

ANY ADDITIONAL INFORMATION WE SHOULD BE AWARE OF? _____

I GIVE PERMISSION FOR ACADEMIC AND ATTENDANCE INFORMATION TO BE PROVIDED TO APPROVED SLIAMMON AND SCHOOL DISTRICT AUTHORITIES.

APPLICANT'S SIGNATURE: _____

DATE: _____