



Yuthuy'thut Student Registration

2021-2022

Phone: 250-746-7170

Fax: 250-746-9283

Mail: 5744 Allenby Road,
Duncan, BC V9L 5J1
Site: 5597 River Road

<i>OFFICE USE ONLY</i>		<i>Scheduled Testing</i>	Date: _____	Time: _____
Please complete all required fields below and ensure information is kept up to date				Today's Date:
Student Name:		Parent/Guardian if applicable:		
Street Address:				
Mailing Address (if different):			Postal Code:	
Primary Phone Number:		Secondary Number:		
Birth Date:	Age:	Email address:		
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other	
Personal Health Number:				
Band Name:		Band Number:		
DO YOU HAVE ANY ALLERGIES? <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes, what? _____				
<u>EMERGENCY CONTACT:</u>				
Name:		Phone number:		
Relationship:		Cell phone number:		
Last School Attended _____		When? _____ (Year/Month)		
Reason for leaving?		Highest Grade Completed:		
What is your educational career goal?				
Have you participated in other upgrading or training programs? <i>If Yes, please provide information below</i>				
Name of Program:		Period Attended		
		From:	To:	
If accepted as a participant of the Yuthuy'thut Training Program, I agree to the following:				
<ul style="list-style-type: none"> Information in my application may be verified by Yuthuy'thut Training Program. 				
I _____ agree and to the above mentioned				
YUTHUY'THUT ADULT LEARNING CENTRE MEDIA RELEASE:				
From time to time, we showcase our school and students at public events or in newspapers, etc. We will never sell the photographs or use them to exploit students.				
<input type="checkbox"/> YES I give consent to Yuthuy'thut to video recordings or photos for classroom instructional or promotional purposes		<input type="checkbox"/> NO I do not consent to Yuthuy'thut using video recordings or photographs		
Signature of Applicant _____		START DATE: _____		
Principal QHS/YTT: _____		REFERRED TO: _____		