

<h2 style="margin: 0;">GADZOOSDAA STUDENT RESIDENCE APPLICATION & HEALTH INFORMATION FORM</h2>
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STUDENT INFORMATION

Full Name (please print):	
Date of Birth:	Day/ Month/ Year/
S.I.N. (optional):	
School Student Will Attend:	
Entry Grade:	
Family Doctor:	
Y.H.C.I.P. Number:	
Name of Band (if applicable):	
Status Number (if applicable):	

PARENT(S)/LEGAL GUARDIAN(S) INFORMATION

* Full Name of 1st Contact:	
Address:	
City:	
Phone Number (daytime):	
Phone Number (evenings):	
Fax Number & E-Mail Address:	
* Full Name of 2nd Contact:	
Address:	
City:	
Phone Number (daytime):	
Phone Number (evenings):	
Fax & E-Mail Address:	

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MEDICAL AGREEMENT AND INFORMATION

In case of a medical emergency the residence staff have my permission to confine my son/daughter to hospital and obtain all medical and surgical help necessary.

Health History	Yes	No	Remarks
Hearing Problems:			
Heart Condition:			
Rheumatic:			
Epilepsy:			
Diabetes:			
Kidney Trouble:			
Allergies:			
Asthma:			
Wear Glasses:			
Smoking:			
Other Problems:			
<i>I/We the undersigned hereby acknowledge reading, reviewing and understanding the Gadzoosdaa Residence Handbook. I/We agree to abide by all policies and procedures as set out by the student residence and acknowledge that the information provided by parent/legal guardian is correct.</i>			
SIGNATURES(S):			
Parent/Legal Guardian:		Date:	
Parent/Legal Guardian:		Date:	

This information is being collected under the authority of the Yukon Education Act for the purpose of establishing a record for each student applying for enrollment in Gadzoosdaa Student Residence.