



# GADZOOSDAA STUDENT RESIDENCE APPLICATION

STUDENT INFORMATION

Application Year

2024-2025

Student Last Name,  First Name  Middle Name

Birthdate (dd-mm-yy)  Gender

Student Cell Phone

Student Email

What community does Student reside in?

What First Nation does the Student belong to?

New students are offered an Acceptance Letter for accommodation on a semester by semester basis.

If a student requires accommodation for both semesters, the 2nd semester acceptance will be determined in late December based on the student's good standing:

- Attending 80% of their classes
- Completing 75% of their course work
- Compliance with handbook expectations

Please circle answers below:

What grade is the student entering?    10    11    12

What School is the student enrolled in?    F.H    WDS    St. Francis

Semester accommodation required?    1st    2nd    Both

Accepted into a Program?    Y    N    if so which program:

I, the undersigned, state that: I am the Custodial Parent/Legal Guardian of the Student; I and the Student are Yukon Residents residing in a Yukon Community outside of the Whitehorse Secondary School Catchment Area (or BC Residents residing in Atlin). No Custodial Parent/Legal Guardian of the Student resides within the Whitehorse Secondary School Catchment Area and that I agree to comply with the regulations, procedures and expectations outlined in the Gadzoosdaa Student Residence Handbook.

      

Custodial Parent/Legal Guardian Name    Custodial Parent/Legal Guardian Signature    Date

PO Box  Community, Postal Code

Number    

Phone  Email Address

I, the undersigned, am the Student and I have read Gadzoosdaa Student Residence Handbook. I understand the procedures and expectations of me while I reside at Gadzoosdaa Student Residence.

      

Student Name    Student Signature    Date

Prior to full acceptance, an orientation between the Gadzoosdaa Team Leader and the above Custodial Parent/Legal Guardian and the Student is required. Gadzoosdaa Student Residence will contact you to arrange a time after we have received these enrollment forms.



# GADZOOSDAA STUDENT RESIDENCE APPLICATION

**Custodian Parent/Legal Guardian**  
**Emergency Contact**

Application Year	2024-2025
Student Last Name	First Name
<input type="text"/>	<input type="text"/>

## Primary Parent/Guardian Information

Relationship to Student

Last Name, First Name

Check mark if the student lives with this person

Street Address

Box Number

Mailing Address

Work Phone

Home Phone

Other Phone

Email Address

## Second Parent/Guardian Information

Relationship to Student

Last Name, First Name

Check mark if the student lives with this person

Street Address

Box Number

Mailing Address

Work Phone

Home Phone

Other Phone

Second Email Address

**CUSTODY INFORMATION** Is there a Custody Order regarding this Student? Check box if yes  
 If yes, please contact Gadzoosdaa as soon as possible to provide details and documentation.

Other important information regarding student and/or family.

## GADZOOSDAA EMERGENCY AND ILLNESS PLANNING (Emergency contact is Mandatory)

In the event of an Emergency or illness, please complete the following to identify an adult and location within the CITY OF WHITEHORSE where your student can go if not able to return home immediately. You must contact this person to ensure they are willing to take responsibility for your student if required.

Last Name, First Name	<input type="text"/>		
Relationship to Student	<input type="text"/>	Home Phone	<input type="text"/>
Street Address	<input type="text"/>		<input type="text"/>

I have contacted the adult identified above and they have agreed to take charge of my student in the event of a Gadzoosdaa Emergency Response or reasons of illness.

Custodial Parent/Legal Guardian Name

Custodial Parent/Legal Guardian Signature  Date



# GADZOOSDAA STUDENT RESIDENCE APPLICATION

## Medical Form 5

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Student Last Name

First Name

Middle Name

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Birthdate

Student Cell Phone

Home Community

### IN CASE OF EMERGENCY PLEASE NOTIFY:

First Name, Last Name

Relationship to Student

Daytime Phone

Night Phone

Home Address

Doctor's Name

Doctor's Phone

### MEDICAL HISTORY

It is important that a student's medical history be as complete and accurate as possible. Previous and current medical problems, including all previous surgery as well as any significant injuries should be checked off.

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Skin Disease        | <input type="checkbox"/> Hearing Impairment  | <input type="checkbox"/> Dislocated Joint | <input type="checkbox"/> Metal Screw    |
| <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Heart Problem       | <input type="checkbox"/> Vision Impairment   | <input type="checkbox"/> Concussion       |   |
| <input type="checkbox"/> Infectious Mono | <input type="checkbox"/> Neck Injury Problem | <input type="checkbox"/> Eyeglasses/Contacts | <input type="checkbox"/> Thyroid          | <input type="checkbox"/> Brace Required |
| <input type="checkbox"/> Back Injury     | <input type="checkbox"/> Kidney Disease      | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Shoulder Injury  |   |
| <input type="checkbox"/> Tendinitis      | <input type="checkbox"/> Sprain              | <input type="checkbox"/> Knee Injury         | <input type="checkbox"/> Cast             |   |

Other Health

use other side if needed

### ALLERGIES

Medication Allergies

Food Allergies

Other Allergies

### CURRENT PRESCRIPTIONS

Prescription

Prescription Dosage

Prescription Frequency

### EMERGENCY MEDICAL CARE / OVER THE COUNTER MEDICATIONS

Please initial in boxes

In case of an emergency, I give Gadzoosdaa Staff permission to bring my student to the hospital and obtain all medical and surgical help necessary.

if you agree.

agree to allow Gadzoosdaa Staff to give my student over the counter remedies for colds, flu and pain management.

Custodial Parent/Legal Guardian Name

Custodial Parent/Legal Guardian Signature

Date



# GADZOOSDAA STUDENT RESIDENCE APPLICATION

**Sign Out Permission**  
**Transportation Waiver**

Application Year	2024-2025
Student Last Name	First Name
<input type="text"/>	<input type="text"/>

Students wishing to leave the residence overnight or on weekends are required to be signed out. Students may only sign out to people over the age of 19 years that have been authorized by their parent/guardian.

Parent/guardian MUST provide names, addresses and phone numbers of the people with whom their student may stay with when signed out. Persons without a street address or a contact phone number will be considered incomplete and not valid. The parent/guardian is responsible to notify the people listed below and to explain their responsibilities.

Gadzoosdaa Student Residence is not responsible for your student while signed out.

Each time a student is signed out, the person taking responsibility must come to Gadzoosdaa in person and sign the student out. If someone else is transporting the student to their sign out, it is the parent/guardian's responsibility to contact and inform Gadzoosdaa who will be picking up the student. The designated driver will need to come into Gadzoosdaa and sign that they are transporting the student. It is the responsibility of the parent/guardian or the person signing out the student to arrange transportation back to Gadzoosdaa.

Students using their own vehicles must inform Gadzoosdaa staff before they leave for an evening or weekend sign out. They are required to sign out on the Sign Out Form indicating they are transporting themselves and the time at which they have left. Guardians must let Gadzoosdaa know they arrived at their destination.

Last Name, First Name	Relationship	Street Address	Community	Home Phone	Other Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## TRANSPORTATION / SIGN OUT WAIVER

I, \_\_\_\_\_ (the Custodial Parent/Legal Guardian), release Gadzoosdaa Student Residence and the Yukon Department of Education from any responsibility for my student while signed out and is on route to and from Gadzoosdaa. I have read, understand and agree with the above and assume full responsibility for my student during this period.

**Custodial Parent/Legal Guardian Signature**  **Date**



# GADZOOSDAA STUDENT RESIDENCE APPLICATION

**Internet Policy**  
**Picture Consent**  
**Activity Fee**

Application Year	2024-2025
Student Last Name	First Name
<input type="text"/>	<input type="text"/>

## STUDENT INTERNET USE POLICY

Our internet access is a shared and limited resource. Students should limit the use of the internet for educational purposes only. Students must conduct themselves in a responsible, ethical and polite manner while using the

Student responsibilities and guidelines:

1. Our internet is a publicly funded resource and should be used in moderation.
2. Using a school internet account for illegal, inappropriate, or obscene purposes or in support of such activities is prohibited. This includes communicating, or downloading such material.
3. Any use of a school internet account for products and/or service advertisement or political lobbying is prohibited.

**If a student intentionally attempts to access or successfully accesses, downloads or prints an inappropriate internet site, his/her internet privileges may be suspended for the remainder of the school year.**

## Activity Fee

**A non-refundable activity fee of \$ 50 per student per semester will be required upon acceptance.**

Payment can be e transferred to [gadzoosdaa@yukon.ca](mailto:gadzoosdaa@yukon.ca)

OR enclosed with application? Y N

Date paid \_\_\_\_\_

## STUDENT PICTURES

Please initial in box if  
You agree.

I give permission for my student to be photographed or recorded during Gadzoosdaa activities and pictures and/or videos may be displayed on the walls of Gadzoosdaa Student Residence and on the Gadzoosdaa website.

**I, the undersigned, hereby acknowledge having read and understand the Gadzoosdaa Internet and Student Pictures Policy.**

Student Name

Student Signature

Date

Custodial Parent/Legal Guardian

Custodial Parent/Legal Guardian Signature

Date



# GADZOOSDAA STUDENT RESIDENCE APPLICATION

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## Financial Agreement to be forwarded to Finance Department

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Student Last Name, First Name and Middle Name

When Yukon Government provides accommodation to a student at Gadzoosdaa Student Residence, the Custodial Parent/Legal Guardian is required to pay an accommodation fee.

If the student is a member of a Yukon First Nation, the First Nation may agree to pay the accommodation fees on behalf of the student. It is the responsibility of the Custodial Parent/Legal Guardian to contact their individual First Nation.

Department of Education Finance Administration will send an invoice to the payee (Custodial Parent/Legal Guardian or First Nation) with a payment due date. Always include your invoice number when making your payment.

Custodial Parent/Legal Guardians of students from Stikine School District must pay their student's accommodation fees, then submit receipts to the Stikine School District for reimbursement.

2024-2025

**The Accommodation Fee has been set at \$150 / month for this school year.**

Department of Finance  
Government of Yukon  
P.O. Box 2703  
Accounts Receivable-Main Bldg.  
Whitehorse, Yukon Y1A 2C6

Department of Education reserves the right to deny admittance to Gadzoosdaa Student Residence when all outstanding invoices are not paid in full by May 1st of each year. Student's with outstanding balances will not receive an Acceptance Letter of Accommodations for the next school year.

### Custodial Parent/Legal Guardian Information

Last Name, First Name	<input type="text"/>	Work Phone	<input type="text"/>
Box Number	<input type="text"/>	Home Phone	<input type="text"/>
Mailing Address	<input type="text"/>	Cell Phone	<input type="text"/>
Email Address	<input type="text"/>	Other Phone	<input type="text"/>

### Check mark only one box Who is paying the Student Accommodation Fees?

First Nation is paying Accommodation Fees

First Nation Name  FN Representative Name

Custodial Parent/Legal Guardian is paying Accommodation Fees

Custodial Parent/Legal Guardian Name

### I have read the Gadzoosdaa Financial Agreement and agree with its terms.

Custodial Parent/Legal Guardian Name

Custodial Parent/Legal Guardian Signature  Date