



New Student Registrations – (yy/yy) _____ Request for GNWT Student Identification Number

To avoid delays in processing this request, please ensure that all student information is included on this form.

Legal Last Name	Legal First Name	Legal Middle Name	Alias Last Name	Date of Birth (yyyy/mm/dd)	Gender M/F	NWT Health Care #	NWT Student #	Alberta Student #	Grade	Transfer from where

The information requested on this form is collected in accordance with the Education Act and the Access to Information and Protection of Privacy Act, and will be protected by the privacy provisions of these Acts. The information collected on this form will be used by the Department of Education, Culture and Employment for the purpose of creating a permanent Student Record for the GNWT.

Request submitted by _____

School Name _____

Date _____

Please Fax Completed form to: **Student Records**, GNWT, Dept. of ECE
Fax: (867) 873-0499

Or
 Please E-mail form to: Student_Records@gov.nt.ca

For more info., please contact Student Records at (867) 920-6235