

STUDENT REGISTRATION FORM

Please return completed forms to catchment school clerical

OFFICE USE ONLY: MUST BE COMPLETED PRIOR TO ADMISSION

Student Grade Level: _____	Admission Date: _____	Residency:	Programs:
Homeroom: _____	Registration Date: _____ dd-mmm-yyyy	<input type="radio"/> In Catchment	<input type="radio"/> Regular Program
<input type="radio"/> New Student	<input type="radio"/> Graduated	<input type="radio"/> Out of Catchment	<input type="radio"/> French Immersion
<input type="radio"/> Returning Student	<input type="radio"/> Adult (born before July 1, 1987)	<input type="radio"/> Out of District	<input type="radio"/> Pre-Employment
<input type="radio"/> Student Transfer			<input type="radio"/> International Studies
Immigration Status:			<input type="radio"/> ESL Program
<input type="radio"/> Canadian Citizen			<input type="radio"/> Special Ed Program/Designation
<input type="radio"/> Out of Prov. Cdn - Funding Not Eligible		<input type="radio"/> Public Health Nurse notified of any life-threatening health condition.	
<input type="radio"/> Permanent Resident/Landed Immigrant		<input type="radio"/> Previous School Contacted	
<input type="radio"/> International - Funding Not Eligible		<input type="radio"/> Birth Certificate Verified	

Previous School: _____
Previous School/PreSchool or DayCare Contact: _____
Grade at Previous _____
Previous District: _____

STUDENT INFORMATION	
Legal Last Name: _____	Usual Last Name: _____
Legal First Name: _____	Preferred First Name: _____
Legal Middle Name: _____	Preferred Middle Name: _____
Birth Date: _____ - _____ - _____ dd - mmm - yyyy	Proof of Age:
Gender: <input type="radio"/> Male	<input type="radio"/> BC Identification
<input type="radio"/> Female	<input type="radio"/> Immigration Canada Documents
Phone: _____	<input type="radio"/> Birth Certificate
Property/Home Address:	<input type="radio"/> Permanent Resident Card
Street: _____	<input type="radio"/> Certificate of Citizenship
_____	<input type="radio"/> Passport
City/Town: _____	<input type="radio"/> Court Order
Province: _____	<input type="radio"/> Vital Statistics Documentation
Postal Code: _____	<input type="radio"/> Drivers' License
	Mailing Address: (if different from Property/Home Address)
	Street: _____

	City/Town: _____
	Province: _____
	Postal Code: _____

Ancestry (MUST BE COMPLETED)	Aboriginal Ancestry: <input type="radio"/> Yes <input type="radio"/> No
Country & Province of Birth: _____	<input type="radio"/> Metis <input type="radio"/> Status - off reserve
First Language Spoken: _____	<input type="radio"/> Inuit <input type="radio"/> Status - on reserve *
Language used at home: _____	<input type="radio"/> Non-Status <input type="radio"/> *Band of Residence: _____

PARENT/GUARDIAN INFORMATION	PARENT/GUARDIAN INFORMATION
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Parent Type: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other: _____	Parent Type: <input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Other: _____
Home Address: Same as Student <input type="radio"/>	Home Address: Same as Student <input type="radio"/>
(specify address below if this parent is NOT living with the student)	(specify address below if this parent is NOT living with the student)
_____	_____
Street City Province Postal Code	Street City Province Postal Code
Home Phone: _____	Home Phone: _____
Place of Employment: _____	Place of Employment: _____
Business Phone: _____ Ext. _____	Business Phone: _____ Ext. _____
Cellular Phone: _____	Cellular Phone: _____
Email address: _____	Email address: _____
Above information can be used for emergency contact? <input type="radio"/> Yes <input type="radio"/> No	Above information can be used for emergency contact? <input type="radio"/> Yes <input type="radio"/> No
Do you have a specific custody arrangement we should know about?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please provide a copy of the court order.	
Additional comments: _____	

EMERGENCY CONTACT INFORMATION	EMERGENCY CONTACT INFORMATION
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Relationship to Student: _____	Relationship to Student: _____
Home Address: _____ _____	Home Address: _____ _____
Street City Province Postal Code	Street City Province Postal Code
Home Phone: _____	Home Phone: _____
Place of Employment: _____	Place of Employment: _____
Business Phone: _____ Ext. _____	Business Phone: _____ Ext. _____
Cellular Phone: _____	Cellular Phone: _____
Email address: _____	Email address: _____
Can this contact person pick up the student? <input type="radio"/> Yes <input type="radio"/> No	Can this contact person pick up the student? <input type="radio"/> Yes <input type="radio"/> No
Note: Parents should contact all emergency contacts listed above to ensure they know they are being listed as an emergency contact.	

MEDICAL INFORMATION
CareCard No: ____ - ____ - ____ Family Doctor: _____ Phone: _____
Doctor's contact information required if student has a life-threatening condition.
Life Threatening Health Condition:* <input type="radio"/> Yes <input type="radio"/> No
Please specify: _____
*If the student has a life-threatening health condition, please arrange to meet with school principal prior to the student attending school and ensure the Medical Alert Planning form has been completed.
Non-life Threatening Health Conditions:
If the student has a non-life threatening health condition which may affect his/her ability to function at school (e.g. vision impairment, hearing impairment, activity limitation, mental health disorder), please indicate here or inform school staff: _____
Medication Administration: (* Please ensure the Request for Medication at School form has been completed.)
<input type="radio"/> I request that the student receive assistance with, or be supervised during, medication administration in an emergency
<input type="radio"/> The student requires medications to be administered during school hours. Please contact school staff to discuss.
Name of Medication(s): _____

PARENTAL/GUARDIAN PERMISSION/RELEASE OF INFORMATION	
I permit:	
<input type="radio"/> my child's name and/or photo to be used in any school publications including web pages for the Internet.	
<input type="radio"/> my child to be included in any media coverage of a school event.	
<input type="radio"/> the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Committee for the purpose of school related communications.	
<input type="radio"/> my child to participate in local field trips.	
<input type="radio"/> my child to access the network and Internet in support of their education. (In accordance with Board Policy No. 220 - Use of Computer/Internet/On-line Resources and Communications. A copy of this policy is to be given to the parent and is available in the school office.)	
I acknowledge:	
- that my child will use his/her locker/desk only for accepted school-related activities and that it may be inspected	
- that schools have the obligation and right to share demographic information with Provincial Health and Social Services agencies.	
_____	_____
Signature of Parent/Guardian	Date

I certify that the information I have provided on this form is correct:

Signature of Parent/Guardian Date

The information on this form is collected under the authority of the School Act. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation, and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.