



**School District No. 8 (Kootenay Lake)
Student Registration Form**

The information collected on this form will be protected consistent with the Freedom of Information and Protection Act.
Please return completed form to catchment school.

Please bring all required documents when registering to complete your registration.

SD8 Catchment school: _____

STUDENT INFORMATION						
Date of Birth (mm-dd-yyyy):	Gender: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/> X					
Legal Last Name:	Gender Identity: <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> X					
Legal First Name:	Cultural/Traditional Last Name:					
Legal Middle Name:	Cultural/Traditional First Name:					
Usual Last Name:	Cultural/Traditional Mid. Name:					
Usual First Name:	Grade Level:					
ABORIGINAL ANCESTRY INFORMATION						
Do you have Aboriginal Ancestry:	Y		N			
If yes, would you like your child to be part of the Aboriginal Education program this year?	Y		N			
Band of Origin:						
Band of Residence:						
Status Card #:						
ADMISSION INFORMATION						
Previously attended a BC School or BC StrongStart?	Y		N			
Last School Attended:						
Last School Contact Info:	City & Prov.:					
Last School District No./Name:	Grade level at last school:					
Had an Individual Education Plan (IEP) in previous school	Y		N			
If yes, Inclusive Education Designation (Please specify):						
STUDENT ADDRESS & CONTACT INFORMATION						
Home Phone:	Cell Phone:					
Physical Address:	Mailing Address (if different from physical address):					
Street:	Street:					
City/Town:	City/Town:					
Prov.:	Postal Code:	Prov.:	Postal Code:			
Bussing needed?	Y	N	If yes, please complete the transportation registration form .			
Permission to walk home?	Y	N				



PARENT/LEGAL GUARDIAN #1 INFORMATION			PARENT/LEGAL GUARDIAN #2 INFORMATION		
Last Name:			Last Name:		
First Name:			First Name:		
Relationship to Student:			Relationship to Student:		
Contact can pick up Student	Y	N	Contact can pick up Student?	Y	N
Contact Living with Student	Y	N	Contact Living with Student	Y	N
Can be listed as Emergency Contact	Y	N	Can be listed as Emergency Contact	Y	N
Home Address: Same as student			Home Address: Same as student		
Street Address:			Street Address:		
City/Town:			City/Town:		
Prov.:	Postal Code:		Prov.:	Postal Code:	
Home/Cell Phone:			Home/Cell Phone:		
Work Phone:			Work Phone:		
Email:			Email:		
CUSTODY/GUARDIANSHIP/ACCESS					
Do you have a specific child custody arrangement?			Y	N	
If so, please briefly explain:					
Have you provided a copy of these legal documents to the school? <i>(Required)</i>			Y	N	
EMERGENCY CONTACT #1 INFORMATION			EMERGENCY CONTACT #2 INFORMATION		
First Name:			First Name:		
Last Name:			Last Name:		
Relationship to Student:			Relationship to Student:		
Contact can pick up Student:	Y	N	Contact can pick up Student:	Y	N
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Work Phone:			Work Phone:		
NOTE: Parents should contact all emergency contacts listed above to ensure they know they are being listed as such.					
SCHOOL-AGED SIBLING INFORMATION					
	Sibling 1	Sibling 2		Sibling 3	Sibling 4
Last Name					
First Name					
School					



MEDICAL INFORMATION					
BC Medical Services Number:					
Allergies:	Medical Conditions:				
Life-threatening?	Y	N	Life-threatening?	Y	N
If yes, please specify:					
If yes, please provide the following completed forms:					
<ul style="list-style-type: none">Medical Alert Planning Form (Inclusive Ed Procedures, 6.0 Student Health)AP Appendix 3204 - Request for Medication at School FormAP Appendix 3205 A - Anaphylaxis Action Plan FormAP Appendix 3205 B - Anaphylaxis Student Form					
Name of Medication(s) (if applicable):					
IMMIGRATION/CITIZENSHIP					
Country of Birth:		Status in Canada:	<u>Child</u>	<u>Parent</u>	
Province of Birth:		Canadian Citizen			
First spoken language:		Permanent Resident			
Language used at home:		Landed Immigrant			
		Work/Student Visa			

The information on this form is collected under the authority of the School Act, Section 13 and 79. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation, and operational analysis, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT

I hereby certify the forgoing information to be true, correct and complete and I consent to my child being registered with School District No. 8 (Kootenay Lake).

Signature of Parent/Guardian #1

Date

Signature of Parent/Guardian #2

Date

SCHOOL OFFICE USE ONLY			
Date Received: _____	Registration Time: _____	Grade: _____	
PEN: _____	Admission Date: _____		
Records Requested	Date Requested: _____	Date Received: _____	
Verification Confirmed:	Birthdate & legal name verified Address verified Child or Youth in Care verified	Citizenship of student verified Citizenship of custodial parent verified Custodial Guardianship legal forms (if applicable)	
Student Documents Obtained:	Proof of Legal Name/Age: Birth Certificate - long form Passport (if born outside of Canada) Health Care Documents Obtained BC Medical Services Card (both sides)	Proof of Citizenship (if born outside of Canada): Certificate of Citizenship Immigration Canada Document Permanent Resident Card Passport Vital Statistics Document	
Parent Documents Obtained:	Birth Certificate or Passport Proof of Citizenship (if born outside of Canada): Certificate of Citizenship Immigration Canada Document Permanent Resident Card Passport Vital Statistics Document		
Proof of Address Documents Obtained: <i>(Please collect one (1) document from List A and one (1) document from List B)</i>	List A: Mortgage document; or Signed rental agreement; or Property tax notice	List B: Document indicating residence (ex: Hydro) BC Driver's License (both sides) BC Medical Services Card (both sides) BC Driver's License & Medical Services Card combo (both sides) Proof of application for BC Medical Services Card BC registration of an automobile Current income tax return filed as BC resident Home insurance document	
Verified by:			
Principal Name: _____	Principal Signature: _____	Date: _____	
If Out of District:			
Assistant Superintendent: _____	Assistant Super. Signature: _____	Date: _____	
Consent Forms Received:	AP 1201 Appendix B - Student Permission to access ICT Form AP 1201 Appendix C - Student Media Website Consent AP 1300 Appendix A - Student Consent Freedom of Information Form AP 1600 Appendix F - Student Identification Emergency Release Form AP 2300 Appendix A - Local Neighbourhood Excursion Consent Form		