



## Student Registration Form

Requested school of registration: \_\_\_\_\_

Please return completed forms to catchment school

**OFFICE USE ONLY: MUST BE COMPLETED PRIOR TO ADMISSION**

<b>Student Grade Level:</b> _____	<b>Registration Date:</b> _____	<b>Registration Time:</b> _____	<b>Admission Date:</b> _____
<input type="radio"/> New Student	<input type="radio"/> Returning Student	<input type="radio"/> Student Transfer	<input type="radio"/> Graduated
<input type="radio"/> Adult (Age 18 after July 1)			
<b>Residency</b>	<input type="radio"/> In Catchment	<input type="radio"/> Out of Catchment	<input type="radio"/> Out of District
<input type="radio"/> Out of Province	<input type="radio"/> Out of Country		
<b>Immigration Status</b>	<input type="radio"/> Canadian Citizen	<input type="radio"/> Permanent Resident/Landed Immigrant	<input type="radio"/> Out of Pro. Cdn-Funding Not Eligible
<input type="radio"/> International-Funding Not Eligible			
<b>Documentation</b>	<input type="radio"/> Proof of Age	<input type="radio"/> BC Services Card	<input type="radio"/> Proof of Catchment Residence
<input type="radio"/> Previous School Records			

Previous School: \_\_\_\_\_ Grade at Previous School: \_\_\_\_\_  
 Previous School/Preschool Contact Info: \_\_\_\_\_ Previous District No.: \_\_\_\_\_

### STUDENT INFORMATION

Legal Last Name: _____	Usual last name: _____	Cultural/Traditional Last Name: _____
Legal First Name: _____	Usual first name: _____	Cultural/Traditional First Name: _____
Legal Middle Name: _____	Usual middle name: _____	Cultural/Traditional Middle Name: _____

Birth Date (dd-mm-yyyy): \_\_\_\_\_

Gender:	Gender Identity:	Proof of Age:	Proof of Citizenship:
<input type="radio"/> Female	<input type="radio"/> Female	<input type="radio"/> BC Identification	<input type="radio"/> Certificate of Citizenship
<input type="radio"/> Male	<input type="radio"/> Male	<input type="radio"/> Birth Certificate	<input type="radio"/> Immigration Canada Document
<input type="radio"/> Other	<input type="radio"/> Non-Binary	<input type="radio"/> Court Order	<input type="radio"/> Permanent Resident Card
	<input type="radio"/> Not Disclosed	<input type="radio"/> Driver's License	<input type="radio"/> Passport
		<input type="radio"/> Passport	<input type="radio"/> Vital Statistics Document

Home Phone: \_\_\_\_\_

Physical Address	Mailing Address (if different from Physical Address)
Street: _____	Street: _____
City/Town: _____	City/Town: _____
Province: _____	Province: _____
Postal Code: _____	Postal Code: _____

ANCESTRY (Must be completed)

Country of Birth: \_\_\_\_\_

Province of Birth: \_\_\_\_\_

First Language Spoken: \_\_\_\_\_

Language Used at Home: \_\_\_\_\_

ABORIGINAL ANCESTRY  No  Yes, please specify below.

Metis  Inuit  Live on Reserve

First Nations: Non-Status

First Nations: Status - off reserve

First Nations: Status - on reserve

Band of Residence (voluntary): \_\_\_\_\_

### PARENT/GUARDIAN #1 INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship:  Mother  Father  Other: \_\_\_\_\_

Home Address: \_\_\_\_\_  Same as student

### PARENT/GUARDIAN #2 INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship:  Mother  Father  Other: \_\_\_\_\_

Home Address: \_\_\_\_\_  Same as student

Street/City/Province/Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street/City/Province/Postal Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Above information can be used for emergency contact:  Yes  No

Can this parent/guardian pick up the student?  Yes  No

Do you have a specific child custody arrangement?  No  Yes. If yes, please provide a copy of the legal agreement.

Child or Youth in Care (under Ministry of Children and Families), select type of agreement or order:

- Continuing Custody Order     
  Interim or Temporary Custody Order - Out of Care     
  Youth on a Youth Agreement  
 Extended Family Program Agreement     
  Special Needs Agreement     
  Another province or jurisdiction  
 Interim or Temporary Custody Order - In Care     
  Voluntary Care Agreement

### EMERGENCY CONTACT #1 INFORMATION

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Street/City/Province/Postal Code  
 Home Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### EMERGENCY CONTACT #2 INFORMATION

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
Street/City/Province/Postal Code  
 Home Phone: \_\_\_\_\_  
 Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Can this contact person pick up the student?     Yes     No     
 Can this contact person pick up the student?     Yes     No

**Note: Parents should contact all emergency contacts listed above to ensure they know they are being listed as an emergency contact.**

### MEDICAL INFORMATION

BC Service Card No. \_\_\_\_\_

Life Threatening Health Conditions     No     Yes, please specify: \_\_\_\_\_

**Note: 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 their ability to function at school (e.g. vision limitation, hearing limitation, activity limitation, mental health condition or chronic health condition), please specify and inform school staff.

Non-life Threatening Health Condition, please specify: \_\_\_\_\_

Medication Administration: **(Please ensure the Request for Medication at School form has been completed)**

- I request that the student receive assistance with, or be supervised during, medication administration in an emergency.  
 The student requires medications to be administered during school hours. **(Please contact school staff to discuss)**

Name of Medication(s): \_\_\_\_\_

### PARENT/GUARDIAN PERMISSION/RELEASE OF INFORMATION

I permit:

- my child's name and/or photo to be used in any school publications including web pages for the internet.  
 my child to be included in any media coverage of a school event.  
 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.  
 my child to access the internet in support of their education. (In accordance with AP 1201 - Acceptable Use of Information and Communication Technology. A copy of AP 1201 can be found on the district website at [www.sd8.bc.ca](http://www.sd8.bc.ca).  
 my child's information as defined under FOIPPA may be created, stored or accessed from a location outside of Canada. A copy of AP 1206 can be found on the district website at [www.sd8.bc.ca](http://www.sd8.bc.ca).

I acknowledge:

- that my child will use their 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.

\_\_\_\_\_  
 Permission Release Signature of a Parent/Guardian

\_\_\_\_\_  
 Date

I certify that the information I have provided on this form is correct and I consent to my child being registered.

\_\_\_\_\_  
 Signature of Parent/Guardian # 1

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent/Guardian # 2

\_\_\_\_\_  
 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.*

#### OFFICE USE ONLY: Completed by school (and district as required)

PEN: \_\_\_\_\_  
 SCHOOL Start Date: \_\_\_\_\_  
 completes Verified by: \_\_\_\_\_  
 Principal Name: \_\_\_\_\_  
 Out-of-District registration: \_\_\_\_\_  
 Assistant Superintendent Signature

Birthdate Verified:       Citizenship Verified:   
 Address Verified:       Child or Youth in Care Verified:   
 Residence Verified:       School Records Requested:   
 Principal Signature: \_\_\_\_\_  
 Approved:       Not approved:   
 Date