



Student Registration Form

Requested school of registration: _____

Please return completed forms to catchment school

OFFICE USE ONLY: MUST BE COMPLETED PRIOR TO ADMISSION

Student Grade Level: _____	Registration Date: _____	Registration Time: _____	Admission Date: _____
<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)			
Residency	<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		
Immigration Status	<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			
Documentation	<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: _____
 Female Male Other
 Female Male Non-Binary Not Disclosed

Proof of Age: _____
 BC Identification
 Birth Certificate
 Court Order
 Driver's License
 Passport

Proof of Citizenship: _____
 Certificate of Citizenship
 Immigration Canada Document
 Permanent Resident Card
 Passport
 Vital Statistics Document

Home Phone: _____
 Physical Address
 Street: _____
 City/Town: _____
 Province: _____
 Postal Code: _____

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

Last Name: _____
 First Name: _____
 Relationship: Mother Father Other: _____
 Home Address: _____ Same as student

PARENT/GUARDIAN 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

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 Yes No

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.
 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.

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 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.

OFFICE USE ONLY	PEN: _____	Birthdate Verified: <input type="radio"/>	Citizenship Verified: <input type="radio"/>
	Student No.: _____	Address Verified: <input type="radio"/>	Child or Youth in Care Verified: <input type="radio"/>
	Start Date: _____	Residence Verified: <input type="radio"/>	School Records Requested: <input type="radio"/>
	Verified by: _____		
	Principal Name (Printed) _____	Principal Signature _____	