



STUDENT REGISTRATION FORM

SCHOOL: _____

This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially.

Catchment area school: _____ Transfer approved – Date: _____
Cross-enrolled school (if applicable): _____ Cross-enrolled reason: _____

STUDENT INFORMATION ADDRESS INFORMATION

Birth Gender: Male Female Other
Preferred Gender: _____
Legal Last Name: _____
Legal First Name: _____
Legal Middle Name(s): _____
Usual Last Name: _____
Preferred First Name: _____
Birthdate (day/month/year): _____
Proof of Age/Legal Name received and on file: _____ Registrar's Initials: _____
Note: a student cannot be registered without proof of legal name and age:
 Birth Certificate Certificate of Citizenship
 Court Order Immigration Canada documents
 Driver's License Passport
Home Phone: _____ Unlisted
Grade: _____

Street Address: _____
Apt. No.: _____ Postal Code: _____
City: _____, BC
Proof of Residency: Registrar's Initials: _____
Mailing address (if different): _____
Is bussing required? Yes No
> If yes, please complete a Transportation Request Form – Student

ADMISSION INFORMATION

Previous School/Preschool/Daycare/StrongStart: _____
School District No.: _____
Address (if known): _____
City & Province: _____

PARENTS/GUARDIANS (please request additional sheets if required)

Relationship to Student: _____
Last Name: _____
First Name: _____
Gender: Male Female Other
Living with Student: Yes No
Same as Student Address: Yes No
Address (if different): _____
City & Province: _____
Postal Code: _____
Home Phone: _____ Unlisted
Work Phone: _____ Ext: _____
Cell Phone: _____
Email: _____

Relationship to Student: _____
Last Name: _____
First Name: _____
Gender: Male Female Other
Living with Student: Yes No
Same as Student Address: Yes No
Address (if different): _____
City & Province: _____
Postal Code: _____
Home Phone: _____ Unlisted
Work Phone: _____ Ext: _____
Cell Phone: _____
Email: _____

CUSTODY/GUARDIANSHIP/ACCESS

Are there any legal documents in force re: custody/guardianship/access? Yes No
If yes, please describe briefly: _____
Have you provided a copy of these legal documents to the school? Yes No



STUDENT REGISTRATION FORM

| EMERGENCY CONTACT INFORMATION #1 | EMERGENCY CONTACT INFORMATION #2 |
|----------------------------------|----------------------------------|
| Last Name: _____ | Last Name: _____ |
| First Name: _____ | First Name: _____ |
| Relationship: _____ | Relationship: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |

| SIBLING INFORMATION | (1) | (2) | (3) | (4) |
|---------------------|--|--|--|--|
| Last Name: | _____ | _____ | _____ | _____ |
| First Name: | _____ | _____ | _____ | _____ |
| Relationship: | _____ | _____ | _____ | _____ |
| Birthdate (d/m/y): | _____ | _____ | _____ | _____ |
| School: | _____ | _____ | _____ | _____ |
| Gender: | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other | <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other |

| MEDICAL INFORMATION | |
|---|---|
| <input type="checkbox"/> I understand that the school will secure emergency transport to medical services in the event that my child is injured and that I will be responsible for any costs associated with such transport. | |
| Doctor Name: _____ | Phone: _____ |
| Dentist Name: _____ | Phone: _____ |
| Care Card Number: _____ | |
| Allergies/Conditions: _____ | Life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Life-threatening condition: _____ | |
| <i>If your child suffers from allergies/conditions, life-threatening or non-life-threatening, please complete the following as appropriate:</i> | |
| <input type="checkbox"/> Medical Alert Planning Form | <input type="checkbox"/> Asthma Care Plan |
| <input type="checkbox"/> Anaphylaxis Emergency Action Plan/Form | <input type="checkbox"/> Seizure Follow-Up |
| <input type="checkbox"/> An Epi-Pen Emergency – Transportation Emergency | <input type="checkbox"/> Diabetes Care Plan |
| | <input type="checkbox"/> Self-Administered Medication |
| | <input type="checkbox"/> Request for Administration of Medication at School |

| IMMIGRATION/CITIZENSHIP STATUS | ABORIGINAL ANCESTRY | | | | | | | | | | | | | | | |
|---|--|--------------------------|---------------|------------------|--------------------------|--------------------------|---------------------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--------------------------|--------------|--------------------------|--------------------------|--|
| Country of Birth: _____ | Do you have Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| Language at Home: _____ | If yes, would you like to receive Aboriginal Support Services? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | |
| Status in Canada: | Band Number, if applicable: _____ | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;"><u>Student</u></td> <td style="text-align: center;"><u>Parent</u></td> </tr> <tr> <td>Canadian Citizen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Permanent Resident / Landed Immigrant</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>International Student</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Student Visa</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | <u>Student</u> | <u>Parent</u> | Canadian Citizen | <input type="checkbox"/> | <input type="checkbox"/> | Permanent Resident / Landed Immigrant | <input type="checkbox"/> | <input type="checkbox"/> | International Student | <input type="checkbox"/> | <input type="checkbox"/> | Student Visa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Status – Off Reserve <input type="checkbox"/> Status – On Reserve <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status |
| | <u>Student</u> | <u>Parent</u> | | | | | | | | | | | | | | |
| Canadian Citizen | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Permanent Resident / Landed Immigrant | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| International Student | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |
| Student Visa | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | |

| KINDERGARTEN REGISTRATION ONLY | |
|--|--|
| Has your child received any of the following intervention services? <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Counselling | Has your child had his/her hearing tested? <input type="checkbox"/> Y <input type="checkbox"/> N |
| | Has your child had his/her eyes tested? <input type="checkbox"/> Y <input type="checkbox"/> N |

| FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA) | |
|---|----------------|
| Personal Information | |
| There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings or to plan school-related activities. To contact you for these purposes, we need consent for the disclosure of your name, home address and phone number to school district personnel, parent advisory councils, or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes. | |
| <input type="checkbox"/> YES – I give my consent for release of my home address and phone number for purposes consistent with the above. | Initial: _____ |
| <input type="checkbox"/> NO – I do not permit the release of my home address and phone number for purposes consistent with the above. | Initial: _____ |
| <i>Should you wish to change your consent at any time, please contact your School Principal.</i> | |



STUDENT REGISTRATION FORM

FOIPPA continued ...

Release of Student Photographs

It is a tradition in our school district to allow district staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district. While photographs add to the community life in our schools, they are not required for educational purposes. Students' names, photographs, and comments may be published in the school electronic database, school yearbook, school and/or district website or newsletter, or in the news media.

YES – I give my consent for release of my child's photo for purposes consistent with the above. Initial: _____

NO – I do not permit the release of my child's photo for purposes consistent with the above. Initial: _____

Should you wish to change your consent at any time, please contact your School Principal.

CANADA'S ANTI-SPAM LEGISLATION – Parental Consent to receive emails that may contain items considered commercial

In accordance with Canada's Anti-Spam Legislation, School District No. 20 (Kootenay-Columbia) requires consent to send you what in certain circumstances would constitute a commercial electronic message. Nothing in the Act restricts the district from emailing you newsletters, school or district updates, but some emails may be viewed as a commercial electronic message (eg, information about buying a school yearbook, student photos, book fairs, hot meals or field trips that cost money) or similar events and offers. Any offers or advertising email will be directly related to the school's/district's operations. Your email will not be disclosed to anyone beyond the school, district, or parent advisory councils for business or commercial purposes. To ensure compliance with this legislation we are requesting your consent.

YES – I give my consent to receive emails from my school/parent advisory council/district parent advisory council for purposes consistent with the above. Initial: _____
Email: _____

NO – I do NOT give my consent to receive emails from my school/parent advisory council/district parent advisory council for purposes consistent with the above. Initial: _____

Should you wish to change your consent at any time, please contact your School Principal.

BC SCHOOL SPORTS (Grade 8-12 students only)

All students participating in secondary school athletics in School District No. 20 must be registered with BC School Sports.

I authorize disclosure of my child's name, birthdate, current grade, year my child entered Grade 8, and previous school to BC School Sports for registration purposes. Initial: _____

DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT

I hereby certify the foregoing information to be true, correct and complete.

Name (please print): _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Grade: _____ Homeroom: _____ PEN: _____

Bus Route #: _____ Bus Stop: _____ MyEdBC release requested from previous school

Registrar's Signature: _____ Date: _____

FORMS COMPLETED, SIGNED AND RETURNED

- | | |
|--|---|
| <input type="checkbox"/> Transportation Request Form - Student | <input type="checkbox"/> Anaphylaxis Emergency Action Plan/Form |
| <input type="checkbox"/> Medical Alert Planning Form | <input type="checkbox"/> An Epi-Pen Emergency – Transportation Emergency |
| <input type="checkbox"/> Asthma Care Plan | <input type="checkbox"/> Self-Administered Medication |
| <input type="checkbox"/> Diabetes Care Plan | <input type="checkbox"/> Request for Administration of Medication at School |
| <input type="checkbox"/> Seizure Follow-Up | |