



## 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"/> In Catchment <input type="radio"/> Canadian Citizen <input type="radio"/> Proof of Age	<input type="radio"/> Returning Student <input type="radio"/> Out of Catchment <input type="radio"/> Permanent Resident/Landed Immigrant <input type="radio"/> BC Services Card	<input type="radio"/> Student Transfer <input type="radio"/> Out of District <input type="radio"/> Out of Pro. Cdn-Funding Not Eligible <input type="radio"/> Proof of Catchment Residence	<input type="radio"/> Graduated <input type="radio"/> Out of Province <input type="radio"/> International-Funding Not Eligible <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: ☐ Female ☐ Male ☐ Other  
 Gender Identity: ☐ 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 #1 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: \_\_\_\_\_

### 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: \_\_\_\_\_

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      ☐ 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.  
☐ 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: \_\_\_\_\_

Birthdate Verified: ☐      Citizenship Verified: ☐  
 Address Verified: ☐      Child or Youth in Care Verified: ☐  
 Residence Verified: ☐      School Records Requested: ☐

Out-of-District registration: \_\_\_\_\_  
Assistant Superintendent Signature

Principal Signature: \_\_\_\_\_  
 Date \_\_\_\_\_  
 Approved: ☐      Not approved: ☐