



STUDENT REGISTRATION FORM

Enrolling School: _____

Enrollment Date: _____ Start Date: _____

STUDENT INFORMATION

Legal **FIRST** Name _____ Legal **LAST** Name _____ Legal **MIDDLE** Name _____

Current Grade _____ Gender Male Female Date of Birth _____
Day / Month / Year

Usual First Name _____ Usual Last Name _____ Usual Middle Name _____

Home Language _____ Language Most Used _____ First Language _____

BC Personal Health Number _____

PROPERTY ADDRESS

MAILING ADDRESS

Street # & Name _____ RR #/PO Box _____

Apt # _____ City _____

City/Municipality _____ Postal Code _____

Proof of Address Document _____

Home Phone _____ Unlisted

ADMISSION INFORMATION

Previous School/Program		<input type="checkbox"/> In Province	Previous School _____
<input type="checkbox"/> First Time Entry	<input type="checkbox"/> Transfer--	<input type="checkbox"/> Out Province	Previous District _____
<input type="checkbox"/> Strong Start		<input type="checkbox"/> Out of Country	Previous City/Province _____
			Previous School Phone # _____

PARENT/GUARDIAN INFORMATION

1

2

3

Surname	_____	_____	_____
First Name	_____	_____	_____
Relationship to Student	_____	_____	_____
Custody	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared
Court Order in Effect?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Authority/ Guardian...	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mail <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mail <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mail <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email
*If there are any custody arrangements with this student, legal documentation must be filed with the school			
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
Work Phone	_____	_____	_____
Work Place	_____	_____	_____
Email Address	_____	_____	_____
Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address
Property Address (if not living with student)			
Street Address	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____
Mailing Address (if different than property address)			
Street Address	_____	_____	_____
RR#/PO Box	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____

EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED)

Emergency Contact	_____	_____	_____
Relationship	_____	_____	_____
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student

SIBLING INFORMATION (ONLY SCHOOL AGED IN BC)

Legal Last Name				
Legal First Name				
Birth Date				
Relationship				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			

STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS ONLY)

Description of Condition _____ School Medical Plan Needed

Phone Number _____

Name of Physician _____

HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS STUDENT MAY BE USING)

Description of Condition _____

Is child currently on medication? If yes, please describe _____

STUDENT LEGAL ALERTS (COURT ORDERS ON FILE) Yes No

Description of Court Order(s) _____

OTHER FAMILY ALERTS

Description of Family Alert(s) _____

CITIZENSHIP

Country of Birth _____ Citizenship _____ Refugee Entry Date Into Canada _____

Visa Status _____ Expiry _____ Work Permit Expiry _____ Study Permit Expiry _____

ABORIGINAL ANCESTRY

Is your child of Aboriginal Ancestry? Yes No

If yes, please select appropriate status

Metis Status On Reserve

Inuit Status Off Reserve

Non-Status

Non-Status On Reserve

Band of Origin _____

Band of Residence _____

Status No. _____

OTHER INFORMATION

Past Assistance: Learning Assistance Educational Assessment District Counsellor Adaptations

Modifications Individual Educational Plan Hearing Speech/Language

Physical Accommodation

Additional Information: _____

BUSSING

Year Round – Out of Town

1. Mile 316, Grouse Trail, Frontage Rd, Old Alaska Hwy, Walsh Rd, Radar Cres, Radar Rd, Fairway Dr, Rocky Mtn Dr, Highland Dr, Cemetery Rd

2. Hansen, FNFN, Klahanni Mailboxes, Villers Trailer Park, Midnight Sun Trailer Park

3. Cooper Estates, Old Alaska Hwy, Pebble Dr, Pristine Valley, Pioneer Way, McConachie Creek, McConachie Creek Bypass, Fediw Dr

Winter – In Town

1. Gairdner Sub: Street Address _____

3. East Sub: Street Address _____

PERMISSIONS

The information contained on this form is collected under the authority of the School Act, Section 13 and 79. This information will be used for educational programming and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act (FIOPPA). If you have any questions about the information recorded on this form, please contact your School Administrator.

Date _____ Signature of Parent/Guardian _____

District Internet Agreement Form Completed (see attached)

Release of Info/Photos/Media outside of District Form Completed (see attached)

OFFICE USE ONLY

Proof of Age (1 required)	Proof of Address (1 required)	Proof of BC Residency (1 required)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver's License/Auto Registration	<input type="checkbox"/> Gas/Hydro Bill
<input type="checkbox"/> Passport	<input type="checkbox"/> Lease/Rental/Purchase Agreement	<input type="checkbox"/> BC Services Card/CareCard

Verified by _____ Date _____

(SD73 Employee Signature)