



SCHOOL DISTRICT 46 – SUNSHINE COAST: STUDENT REGISTRATION FORM

Catchment Area School: School Year:

PLEASE PRINT CLEARLY

<b>GENDER</b> M-Man/boy F-Woman/girl U-Prefer not to answer/Unknown X-Non-binary	<b>LEGAL Family Name</b>		<b>LEGAL First Name</b>		<b>LEGAL Middle Name</b>		No Legal Middle Name <input type="checkbox"/>	
USUAL Family Name(s) (if different)		PREFERRED First Name (if different)		PREFERRED Middle Name (if different)				
Birth Date - - dd mmm yyyy		Age		<b>For Office Use Only</b> <b>PROOF OF LEGAL NAME &amp; AGE</b> <input type="checkbox"/> BC Identification / BC Services Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court Order <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Documents <input type="checkbox"/> Permanent Resident Card <b>Staff Initials</b> _____				
Home Phone		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	Entering Grade _____					
Home Address Street No.		Street Name		Apt. No.	City		Prov <b>BC</b> Postal Code	
<b>For Office Use Only</b> <b>PROOFS OF ADDRESS</b> : <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill								
Mailing Address if different from Home Address Street No. Street Name Apt. No. City Prov Postal Code								
<b>Ever attended a BC School</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Previous District</b>	<b>Previous School or StrongStart Centre</b>		Previous School Prov	Previous School Country	Previous School Phone (if known)	Previous School Fax No. (if known)	
Name of sibling(s) at this school _____								
BIRTHPLACE Country of Birth: Prov. of Birth:		<b>For Office Use Only - CITIZENSHIP</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International Funding Eligible <input type="checkbox"/> International Funding <b>Not</b> Eligible <input type="checkbox"/> Out of Prov Cdn - Funding <b>Not</b> Eligible <input type="checkbox"/> Permanent Res / Landed Immigrant				Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____		
<b>PLEASE INDICATE IF THE STUDENT HAS INDIGENOUS ANCESTRY</b> <input type="checkbox"/> Indigenous <input type="checkbox"/> First Nations Status <input type="checkbox"/> First Nations Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit								

<b>CUSTODY</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> <b>COURT ORDER</b> (copy in student file) <input type="checkbox"/> Other (specify) _____				<b>LIVES WITH</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> <b>PARENT</b> or <input type="checkbox"/> <b>STEP-PARENT</b> or <input type="checkbox"/> <b>LEGAL GUARDIAN</b>				<input type="checkbox"/> <b>PARENT</b> or <input type="checkbox"/> <b>STEP-PARENT</b> or <input type="checkbox"/> <b>LEGAL GUARDIAN</b>			
Last Name		First Name		Last Name		First Name	
Address (if not living with student)				Address (if not living with student)			
Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No				Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Phone		Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone		Ext / Local Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone		Pager		Cell Phone		Pager	
Email Address				Email Address			

Family Doctor's Name		Doctor's Phone		STUDENT'S CARE CARD NO	
<b>HEALTH FACTORS</b> Check if applicable <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other Additional Information: _____ _____					Are any of these conditions <b>LIFE THREATENING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____ _____
<b>Other Health Conditions</b> which may require emergency care – please specify. _____ _____					
<input type="checkbox"/> The student requires medication to be administered during school hours for <b>one month or longer</b> . <b>Please contact school staff to discuss and to plan.</b> <b>Name of Medication(s)</b> _____					

PLEASE TURN OVER

<b>EMERGENCY CONTACTS - If parents cannot be reached</b> <b>First Contact</b> Last NameFirst NameRelationship to student	Home Phone	PERMISSION TO PICK STUDENT UP YES _____ NO _____	
	Work Phone	Cell Phone	
<b>Second Contact</b> Last NameFirst NameRelationship to student	Home Phone	PERMISSION TO PICK STUDENT UP YES _____ NO _____	
	Work Phone	Cell Phone	

<b>SPECIAL LEARNING CONSIDERATIONS</b>   	<b>Ministry Designation - Special Needs Category (if known):</b>  
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The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program 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. If you have any questions about the information recorded on this form, please contact your School Administrator.

I certify that the above information is correct and valid as of \_\_\_\_\_  
DateSignature of Parent or Legal Guardian

**Additional request for permission**  
**If at any time in the future you wish to rescind or give permission in any of the areas below, please contact your child’s school.**

<b>Parent Advisory Committee</b>  The school has a Parent Advisory Committee (PAC) that represents the parents and engages in activities in support of the school, including fundraising. The school will normally make the parent/guardian name, phone number and mailing address as well as the student’s name and grade available to the PAC for contact purposes.  Please check the applicable statement below.  <input type="checkbox"/> I <b>give</b> permission for the release of my name, home phone number, mailing address and my student’s name and grade to the school PAC.  <input type="checkbox"/> I <b>DO NOT</b> give permission for the release of my name, home phone number, mailing address and my student's name and grade to the school PAC.
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FOR OFFICE USE ONLY						
MyEd No.	School No.	School Name	Address Verified <input type="checkbox"/> Yes	Division	Teacher	
<b>Admission Reason:</b> <input type="checkbox"/> New Student <input type="checkbox"/> Graduated		<input type="checkbox"/> Returning Student <input type="checkbox"/> Adult -19 yrs or older	<b>Program Type</b> <input type="checkbox"/> Regular	<input type="checkbox"/> International	<b>Catchment</b> <input type="checkbox"/> Out of Catchment <input type="checkbox"/> Out of District	<b>Copies for file:</b> <input type="checkbox"/> Birth Certificate / Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested
<b>Admission Date:</b> ____ - ____ - ____ dd mmm yyyy		<b>First Date of Attendance (if different)</b> ____ - ____ - ____ dd mmm yyyy				
<b>Student File</b> <input type="checkbox"/> Requested <input type="checkbox"/> Received <input type="checkbox"/> Teacher for Review <input type="checkbox"/> Filed						