



# SCHOOL DISTRICT 46 – SUNSHINE COAST: STUDENT REGISTRATION FORM

Catchment Area School: \_\_\_\_\_ School Year: \_\_\_\_\_

### PLEASE PRINT CLEARLY

<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender X	<b>LEGAL Family Name</b>	<b>LEGAL First Name</b>	<b>LEGAL Middle Name</b>	<b>No Legal Middle Name</b> <input type="checkbox"/>		
<b>USUAL</b> Family Name(s) (if different)		<b>PREFERRED</b> First Name (if different)		<b>PREFERRED</b> Middle Name (if different)		
Birth Date dd      mmm      yyyy		Age	<b>For Office Use Only</b>			
Home Phone		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	Entering Grade _____	<b>PROOF OF LEGAL NAME &amp; AGE</b>		
				<b>Staff Initials</b> _____		
				<input type="checkbox"/> BC Identification / BC Services Card <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court Order <input type="checkbox"/> Vital Statistics Documents <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Documents <input type="checkbox"/> Permanent Resident Card		
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						
<b>Mailing Address if different from Home Address</b> 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>	<b>Previous School Prov</b>	<b>Previous School Country</b>	<b>Previous School Phone (if known)</b>	<b>Previous School Fax No. (if known)</b>
Name of sibling(s) at this school _____						
<b>BIRTHPLACE</b> Country of Birth: _____ Prov. of Birth: _____		<b>For Office Use Only - CITIZENSHIP</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Out of Prov Cdn - Funding <b>Not</b> Eligible <input type="checkbox"/> International Funding Eligible <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International Funding <b>Not</b> Eligible			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>		
<b>Last Name</b>		<b>First Name</b>	<b>Last Name</b>		<b>First Name</b>
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> Name of Medication(s) _____			

*PLEASE TURN OVER*

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

<b>SPECIAL LEARNING CONSIDERATIONS</b>	<b>Ministry Designation - Special Needs Category (if known):</b>
_____	
_____	_____

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 \_\_\_\_\_ Date \_\_\_\_\_ Signature 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 give 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 DO NOT give permission for the release of my name, home phone number, mailing address and my student's name and grade to the school PAC.

FOR OFFICE USE ONLY					
<b>MyEd No.</b>	<b>School No.</b>	<b>School Name</b>	<b>Address Verified</b> <input type="checkbox"/> Yes	<b>Division</b>	<b>Teacher</b>
<b>Admission Reason:</b> <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Student Transfer <input type="checkbox"/> Graduated <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>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"/> Teacher for Review			
<input type="checkbox"/> Received		<input type="checkbox"/> Filed			