



SCHOOL DISTRICT #78 (Fraser Cascade)

Student Registration Form

OFFICE USE ONLY

Student Grade Level: _____ Admission Date: _____
 Registration

Homeroom/TA: _____ Date: _____

New Student

Returning Student

Student Transfer

Immigration Status:

Canadian Citizen International – Funding Not Eligible

Permanent Resident/Landed Immigrant

Special Services (please specify): _____

Residency:

In Catchment

Out of Catchment

Out of District

Programs:

Regular Program

International

Home School

ESL Program: _____

Special Ed Program/Designation: _____

Public Health Nurse has been notified of life-threatening health condition.

Students without Canadian citizenship, Permanent Resident/Landed Immigrant status or International Student status must apply to the Director, International Student Program, for admission

Student

Legal Last Name _____ Home phone _____ Unlisted

Legal First Name _____ Student e-mail _____

Legal Middle Name(s) _____ RR Number/PO _____ Family Courier

Usual Last Name _____ Street Address _____

Usual First Name _____ City _____ Prov _____ PC _____

Usual Middle Name(s) _____ Mailing Address (if different than property address) _____

Gender Male Female Street Address _____

Date of birth _____ RR Number/PO Box _____

Personal Health No. _____ City _____ Prov _____ PC _____

Previous School Name _____ District _____ City _____

PARENT / GUARDIAN INFORMATION

Last, First name _____

Relationship _____

Male Female Parental authority or

Can pick up Lives with student

Receive mailings Receive email

Receive autodialer calls Has portal access

Home phone _____

Work Phone _____

Cell Phone _____

Property Address (if not living with student)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

Mailing Address (if different than student / property address)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

E-mail Address _____

PARENT / GUARDIAN INFORMATION

Last, First name _____

Relationship _____

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Home phone _____

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Property Address (if not living with student)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

Mailing Address (if different than student / property address)

Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

E-mail Address _____

EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____
Emergency Contact 2	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____
Emergency Contact 3	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____
Out of district contact	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____

Billet Information (Name, address, phone number): _____

SIBLING INFORMATION

LEGAL LAST, LEGAL FIRST	_____	GENDER	_____	BIRTHDATE	_____	RELATIONSHIP	_____
LEGAL LAST, LEGAL FIRST	_____	GENDER	_____	BIRTHDATE	_____	RELATIONSHIP	_____
LEGAL LAST, LEGAL FIRST	_____	GENDER	_____	BIRTHDATE	_____	RELATIONSHIP	_____

STUDENT LEGAL ALERTS

Court order on file?

Description _____

STUDENT MEDICAL ALERTS

MEDICAL INFORMATION

Care Card No: _____ - _____ - _____	Family Doctor: _____	Phone: _____
Preferred Hospital: _____	Doctor's contact information required if student has a life-threatening condition.	
Life Threatening Health Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No	Letter of authority to administer medications on file <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school.		
The life-threatening health conditions that apply to this student are: _____		MEDICATION TYPE

OTHER STUDENT ALERTS – Health, family or other informational

Description _____

CITIZENSHIP (Country) _____ Visa Status _____ Expiration _____

LANGUAGE At Home _____ Most Used _____ First _____

ABORIGINAL ANCESTRY Metis Inuit Status- On Reserve Status – Off Reserve Non-Status

Band of Origin _____ Band of Residence _____ Status No. _____

RELEASE OF INFORMATION/PARENTAL AUTHORITY

- 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.
 - the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council for the purposes of school related communications.
 - my child to participate in local field trips.
 - my child to access the Internet in support of their education as per Policy #4050 – Computer and Internet Usage and Access.
- AND ACKNOWLEDGE:
- that schools have the obligation and right to share demographic information with Provincial Health and Social Service agencies.
 - that schools have the responsibility to investigate all threat making behaviour.
- Note: If you take exception to any of the above, please discuss your objections with the principal.

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.

Parent / Guardian Signature _____

Date _____