

OFFICE USE ONLY:

Admission Date: _____
Registration Date: _____

Residency:
 In Catchment
 Out of Catchment
 Out of District

Immigration Status:
 Canadian Citizen
 International - funding non-eligible
 Permanent resident/landed immigrant

Programs:
 Regular Program
 International
 Home School
 ESL Program
 Special Ed Program

New Student
 Returning Student
 Student Transfer

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

SCHOOL _____**GRADE LEVEL** _____**STUDENT:**

Legal Last Name _____

Home phone _____ Unlisted

Legal First Name _____

Student Email _____

Legal Middle Name(s) _____

Street Address _____

Usual Last Name _____

RR Number/PO _____

Usual First Name _____

City _____ Prov ____ PC _____

Usual Middle Name(s) _____

Proof of Address _____

Legal Gender ____ Gender Identity ____ *F, M, N (Non-Binary)*

Mailing Address (if different than property address) _____

Date of Birth / / Proof of age _____
DD MM YYYY

Address _____

RR Number/PO _____

City _____ Prov ____ PC _____

Previous School Name and District _____ City _____

Public Health Number _____

Family Courier?(Can bring mail home from school) _____

CITIZENSHIP (Country) _____ Visa Status _____ Expiration _____

LANGUAGE(Primary) _____ LANGUAGE (at home if different than primary) _____

Has your child received Learning Assistance ELL My child has an IEP (Student Services) **PARENT/GUARDIAN INFORMATION (n/a for Adult Students)**

Last Name, First Name _____

Property address (if not living with student) _____

Relationship _____

Street Address _____

Home Phone _____ Cell Phone _____

RR Number/PO _____

Work Phone _____

City _____ Prov ____ PC _____

Can pick up student Lives with student

Mailing address (if different than property address) _____

Receive Mailings Receive Emails

Address _____

Has MyEducation BC Portal Access

RR Number/PO _____

Email Address _____

City _____ Prov ____ PC _____

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Last Name, First Name _____

Property address (if not living with student) _____

Relationship _____

Street Address _____

Home Phone _____ Cell Phone _____

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EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached. Listed in the priority 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 or billet contact - where student would stay in case of weather/road closures, natural disaster
 Name, address, phone number _____

INDIGENOUS ANCESTRY

Inuit Band of Origin _____
 Metis
 Indigenous Non-Status Band of Residence _____
 Indigenous Status Living Off Reserve
 Indigenous Status Living On Reserve Status No. _____

SIBLING INFORMATION - students attending SD78

DD/MM/YYYY

LEGAL FIRST AND LAST NAME _____ BIRTHDATE _____ RELATIONSHIP _____

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STUDENT ALERTS:

LEGAL Do you have a Family Court Order on file? Have you provided a copy to the school?
 Description/Explanation _____

MEDICAL ALERTS
 Life Threatening Health Condition Yes No Letter of authority to administer medications on file Yes 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/Treatment _____

Doctor _____ Phone _____

OTHER STUDENT ALERTS - Health, family, or other information
 Description _____

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 SIGNATURE _____ DATE _____