



**OFFICE USE ONLY:**

|  |   |   |   |
|--|---|---|---|
| Admission Date: _____                      | Residency:                                | Immigration Status:   | Programs:                                   |
| Registration Date: _____                   | <input type="checkbox"/> In Catchment     | <input type="checkbox"/> Canadian Citizen                     | <input type="checkbox"/> Regular Program    |
| <input type="checkbox"/> New Student       | <input type="checkbox"/> Out of Catchment | <input type="checkbox"/> International - funding non-eligible | <input type="checkbox"/> International      |
| <input type="checkbox"/> Returning Student | <input type="checkbox"/> Out of District  | <input type="checkbox"/> Permanent resident/landed immigrant  | <input type="checkbox"/> Home School        |
| <input type="checkbox"/> Student Transfer  |   |   | <input type="checkbox"/> ESL Program        |
|  |   |   | <input type="checkbox"/> Special Ed Program |

*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 <input type="checkbox"/>         |  |  |               |
| 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 ____ <i>F,M,N (Non-Binary)</i>   | Mailing Address (if different than property address) _____ |  |  |               |
| Date of Birth <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr></table> Proof of age _____ |  |  |  | Address _____ |
|  |  |  |  |               |
| DD      MM      YYYY   | RR Number/PO _____   |  |  |               |
| City _____ Prov ____ PC _____  | 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 <input type="checkbox"/> ELL <input type="checkbox"/> My child has an IEP (Student Services) <input type="checkbox"/>  |  |  |  |               |

**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 <input type="checkbox"/> Lives with student <input type="checkbox"/> | Mailing address (if different than property address) _____ |
| Receive Mailings <input type="checkbox"/> Receive Emails <input type="checkbox"/>        | Address _____  |
| Has MyEducation BC Portal Access <input type="checkbox"/>                                | RR Number/PO _____   |
| Email Address _____  | City _____ Prov ____ PC _____                              |

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|  |  |
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| 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 <input type="checkbox"/> Lives with student <input type="checkbox"/> | Mailing address (if different than property address) _____ |
| Receive Mailings <input type="checkbox"/> Receive Emails <input type="checkbox"/>        | Address _____  |
| Has MyEducation BC Portal Access <input type="checkbox"/>                                | RR Number/PO _____   |
| Email Address _____  | City _____ Prov ____ PC _____                              |

**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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LEGAL FIRST AND LAST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**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 \_\_\_\_\_