|  |  |  |
| --- | --- | --- |
| **School District 69 (Qualicum)****Student Registration Form**(download and save form to complete) |  | **OFFICE USE ONLY (ADMISSION INFORMATION)** |
| School:  |       | Date: |       |
| Student Name:  |       |
| Grade:  |       | Homeroom: |       |
| Pupil #: |       | **Program,** if applicable: |       |
| \*Out of Catchment:  | [ ]  Yes | [ ]  No |
| \*If yes, catchment school name:  |       |

**STUDENT DEMOGRAPHICS:**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal last name: |       | Legal first name: |       |
| Legal middle name: |       |  |
| Usual last name: |       | Usual first name: |       |
| Usual middle name: |       |  |  |
| Gender: | M: [ ]  F: [ ]  |  | Gender Identity: |       |
|  |  |  |
| Grade: |       |  |  | Date of birth (DD/MM/YYYY) |       |
| REQUIRED Legal Proof of Identity (Check proof of identity documentation provided): | [ ] Birth Certificate or Birth Certificate with English translation | [ ] BC Services Card (PHOTO version only) | [ ] Permanent Resident Card | [ ]  Passport or VISA | [ ]  BC Identification Card or Driver’s License |
| Home phone: |       | Unlisted phone: |       | Work phone: |       |
| Cell phone: |       | Student email: |       |
| Who has custody? |       | Type of legal documentation provided, if applicable: |       |
| Care Card number: |       | Family courier: | [ ]  Yes | [ ]  No |

|  |
| --- |
| **OFFICE USE ONLY:** |
| Copies of current Court Orders provided , if applicable:  | Yes [ ]  | No [ ]   | Not applicable [ ]  |
| In addition to proof of BC Medical Services Plan coverage, please check one of the following pieces of supporting documentation provided at time of registration: |
| [ ]  | Document indicating BC residence (ie: BC Hydro bill) | [ ]  | Document indicating Ownership / long-term lease or rental of a dwelling | [ ]  | BC Driver’s License (Note: BC Driver’s License and BC Services Card are considered one piece of ID) | [ ]  | Other (specify) – See Checklist for Student Registration |

**STUDENT ADDRESS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical Address** |  |  | **Mailing Address:** |  |
| Street address: |       |  | Is identical (if not, provide details below): | [ ]  Yes | [ ]  No |
| RR Number/PO Box: |       |  | Street address: |       |
| City Prov PC: |       |  | RR Number/PO Box: |       |
|  |  |  | City Prov PC: |       |

**PREVIOUS SCHOOL/DISTRICT:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| District: |       |  | School: |       |
| Address: |       |  | City: |       |
| Province: |       |  | Country: |       |

**ALERTS:**

|  |
| --- |
| **LEGAL:** |
| Custody Order (registered court document - copy provided): | [ ]  Yes | [ ]  No |
| Restraining Order (registered court document - copy provided) | [ ]  Yes | [ ]  No |
| OTHER (provide description – copy provided): |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **MEDICAL:** |  |  |  |
| Doctor name: |       | Dentist name: |       |
| Phone number: |       | Phone number: |       |
|  |  |  |  |
| Does your child need to take medication on a continuing basis at school: | [ ]  Yes | [ ]  No |
| Does your child need assistance or supervision in taking their medication: | [ ]  Yes | [ ]  No |
| Has your child had a Tetanus shot within the past ten years: | [ ]  Yes | [ ]  No |
| Allergies and health conditions:  |       |
| **Life Threatening:** | **[ ]  Yes** | **[ ]  No** | **[ ]  N/A** |
| **If yes, please complete the following:** |
| Blood clotting disorders (ie: hemophilia that requires immediate medical care): | [ ]  Yes |  | [ ]  No |
| Diabetes: | [ ]  Yes |  | [ ]  No |
| Epilepsy with a history of seizures within the past two years: | [ ]  Yes |  | [ ]  No |
| Severe allergic reactions needing adrenaline or hospitalization: | [ ]  Yes |  | [ ]  No |
| Severe Asthma reactions needing immediate medical treatment or medication to prevent an emergency: | [ ]  Yes |  | [ ]  No |
| Will your child need emergency medication for an allergic reaction: | [ ]  Yes |  | [ ]  No |
| Any other medical conditions that may require emergency care at school: | [ ]  Yes |  | [ ]  No |
|  If yes, please describe: |       |

**STUDENTS WITH MEDICAL PROBLEMS (ALERTS):**

**Please note that it is the responsibility of the parent/guardian to make the school aware of any life-threatening problems or life-threatening allergies (anaphylaxis) their child/children may have. You will be provided with a form from the main office which you must complete to provide the school with the necessary details. This includes any changes in condition/medication for those students already on our Medical Alert file.**

**Parents are to provide medication(s) in the original container, clearly marked with the student’s name. Please check the expiration date of all medications provided to the school. It is the parent/guardian’s responsibility to track this date and replace any necessary medication.**

**Note: Any medication must be accompanied by the “Request for Administration of Medication at School” form (Policy 8006 att), which may be obtained from the school office. If your child will be self-administering their medication, the “Request for Self-Administration of Medication at School” form must be completed. An Anaphylaxis Emergency Plan must be completed by parents and returned to the school for those students who have life-threatening allergies (Policy 8008).**

|  |
| --- |
| **OFFICE USE ONLY: FOLLOW-UP MEDICAL FORM(S) COMPLETED, (SCHOOL TO PROVIDE IF APPLICABLE):** |
| **Name of Follow-up Medical Form Completed:**  |  |
| Administration of Medication Form Completed (Policy 8006 att) | [ ]  Yes | [ ]  No | [ ]  N/A |
| Anaphylaxis Form Completed (Policy 8008) | [ ]  Yes | [ ]  No | [ ]  N/A |
|  |  |  |  |  |  |
| Medical Supplies Delivered to school: | [ ]  Yes | [ ]  No | [ ]  N/A |

|  |
| --- |
| **OTHER (LEARNING SERVICES):** |
| Currently on an IEP (designated) | [ ]  Yes | [ ]  No |
| Currently receiving Learning Assistance: | [ ]  Yes | [ ]  No |

|  |
| --- |
| **SERVICES OR SUPPORT PROVIDED TO YOUR CHILD DURING SCHOOL YEARS OR PRIOR TO SCHOOL ENTRY:** |
| Did your child receive services or support during school years or prior to school entry:  | [ ]  Yes | [ ]  No |
| If yes, please specify services or support below: |  |  |
| [ ]  Hearing | [ ]  Occupational Therapy | [ ]  Physiotherapy | [ ]  Speech and Language |
| [ ]  Vision | [ ]  Other | Please specify: |       |
|  |  |  |  |
| Please provide name of service provider and length of time service offered below: |
| Name: |       |
| Length of time service provided: |       |
| Name: |       |
| Length of time service provided: |       |
| Comments: |       |

**CITIZENSHIP:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country of birth: |       |  | Visa status: |       |
| Country of Citizenship: |       |  | Visa expiration date: |       |

|  |
| --- |
| **OFFICE USE ONLY – CITIZENSHIP CODE:** |
| Canadian Citizen: | [ ]  | Yes | [ ]  | No |
| International Funding Eligible: | [ ]  | Yes | [ ]  | No |
| International Funding Not Eligible: | [ ]  | Yes | [ ]  | No |
| Out of Province Canadian Not Eligible: | [ ]  | Yes | [ ]  | No |
| Exchange Student: | [ ]  | Yes | [ ]  | No |
| Permanent Resident/Landed Immigrant: | [ ]  | Yes | [ ]  | No |
| Refugee: | [ ]  | Yes | [ ]  | No |
| Study Permit #: |       |
| Permit Expiry Date: |       |
| Copy of exchange agreement received: | [ ]  | Yes | [ ]  | No |

**LANGUAGE AND CULTURE:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home language: |       | Language most used: |       | First language: |       |
|  |
| Other languages spoken at home?   | **[ ]  Yes** | **[ ]  No** |
| If ‘Yes’, what language(s)? |       |
|  |
| **Aboriginal Ancestry :** | **[ ]  Yes** | **[ ]  No** |
| Please check appropriate box, if applicable: |
| [ ]  Inuit | [ ]  Metis | [ ]  Non-status | [ ]  Status – Off Reserve | [ ]  Status – On Reserve |
| Band of Residence: |       |
| Other: |       |

|  |  |  |
| --- | --- | --- |
| **OFFICE USE ONLY – BUSES:** |  |  |
| As per Board Policy 7054, does this student qualify for bussing: | [ ]  Yes | [ ]  No |
| **Bus Pass number:**  |  |  |
| **Bus Route1 AM Information:** | **Bus Route2 AM Information:** |
| Bus Route:        | Bus #:        | Pickup:        | Bus Route:        | Bus #:        | Pickup:        |
| **Bus Route1 PM Information:** | **Bus Route2 PM Information:** |
| Bus Route:        | Bus #:        | Pickup:        | Bus Route:        | Bus #:        | Pickup:        |

**CONTACTS: PARENT/GUARDIAN INFORMATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal first name: |       |  | Legal last name: |       |
| Usual first name: |       |  | Usual last name: |       |
| Gender: | [ ]  Male | [ ]  Female |  | **Relationship:** |       |
| Home phone: |       |  | Cell phone: |       |
| Email: |       |  |  |  |
| Place of employment: |       |  | Work phone: |       |
| Living with student: | [ ]  Yes | [ ]  No |  |  |  |
| **Address:** | **[ ]  Same as student (Page 1)** |  |  |
| Street address: |       |  | RR Number/PO Box: |       |
| City Prov PC |       |  |  |  |
| **Mailing Address:** | [ ]  Is identical |  |  |  |
| Street address: |       |  | RR Number/PO Box: |       |
| City Prov PC |       |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Legal first name: |       |  | Legal last name: |       |
| Usual first name: |       |  | Usual last name: |       |
| Gender: | [ ]  Male | [ ]  Female |  | **Relationship:** |       |
| Home phone: |       |  | Cell phone: |       |
| Email: |       |  |  |  |
| Place of employment: |       |  | Work phone: |       |
| Living with student: | [ ]  Yes | [ ]  No |  |  |  |
| **Address:** | **[ ]  Same as student (Page 1)** |  |  |
| Street address: |       |  | RR Number/PO Box: |       |
| City Prov PC |       |  |  |  |
| **Mailing Address:** | [ ]  Is identical |  |  |  |
| Street address: |       |  | RR Number/PO Box: |       |
| City Prov PC |       |  |  |  |

**CONTACTS: EMERGENCY CONTACT(S) (ALTERNATE):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: |       |  | Last name: |       |
| **Relationship:** |       |  | Can pick up student: | [ ]  Yes | [ ]  No |
| Home phone: |       |  | Cell phone: |       |
| Email: |       |  |  |  |
| Place of employment: |       |  | Work phone: |       |
| **Out of District Contact:** | [ ]  Yes | [ ]  No |  |  |

**CONTACTS: EMERGENCY CONTACT(S) (ALTERNATE) - CONTINUED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: |       |  | Last name: |       |
| **Relationship:** |       |  | Can pick up student: | [ ]  Yes | [ ]  No |
| Home phone: |       |  | Cell phone: |       |
| Email: |       |  |  |  |
| Place of employment: |       |  | Work phone: |       |
| **Out of District Contact:** | [ ]  Yes | [ ]  No |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: |       |  | Last name: |       |
| **Relationship:** |       |  | Can pick up student: | [ ]  Yes | [ ]  No |
| Home phone: |       |  | Cell phone: |       |
| Email: |       |  |  |  |
| Place of employment: |       |  | Work phone: |       |
| **Out of District Contact:** | [ ]  Yes | [ ]  No |  |  |

**RELATED STUDENTS: STUDENT SIBLINGS - SCHOOL-AGED:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship: |       |  |  |  |
| Legal last name: |       |  | Legal first name: |       |
| Usual last name: |       |  | Usual first name: |       |
| Gender: | [ ]  Male | [ ]  Female |  |  |  |
| Home phone: |       |  | School attending: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship: |       |  |  |  |
| Legal last name: |       |  | Legal first name: |       |
| Usual last name: |       |  | Usual first name: |       |
| Gender: | [ ]  Male | [ ]  Female |  |  |  |
| Home phone: |       |  | School attending: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Relationship: |       |  |  |  |
| Legal last name: |       |  | Legal first name: |       |
| Usual last name: |       |  | Usual first name: |       |
| Gender: | [ ]  Male | [ ]  Female |  |  |  |
| Home phone: |       |  | School attending: |       |

**KINDERGARTEN REGISTRATION ONLY:**

|  |  |
| --- | --- |
| Preschool/Daycare name: |       |
| Telephone number: |       |
| Length of time enrolled in Preschool/Daycare: |       |
| Has your child attended the following Building Learning Together program(s) with you, a family member, or a caregiver: |
| [ ]  | Mother Goose  | [ ]  | Storybook Village |
| [ ]  | Munchkinland(s) | [ ]  | Wow Bus |
| [ ]  | Other | Please specify:       |

**Student Registration Form Information:**

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs 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 the School Administrator.

**I certify that the information contained in this Student Registration form for my child is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian Signature: |  | Date: |  |

**Please note:** School Messenger is a notification tool used by schools and the district to share important information with families (i.e. school closure due to inclement weather, late start, late bus runs, facility reviews etc.)

Schools may also send out annual consent forms for additional on-line educational tools and FOI requirements such as media release.

Any changes to student registration information or consent forms can be made in the future by contacting the school office in writing.