



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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> Female | Pref. gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Grade: _____ | Date of birth (MMMM/DD/YY) _____ |
| Proof of age: (For further information, See Checklist – Information for Student Registration) <input type="checkbox"/> | <input type="checkbox"/> Birth Certificate (REQUIRED) <input type="checkbox"/> Passport <input type="checkbox"/> Government Issued Adoption Papers <input type="checkbox"/> Court Order with Student Name/DOB <input type="checkbox"/> Live Birth Report |
| 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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:

| | | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> Document indicating BC residence (ie: BC Hydro bill) | <input type="checkbox"/> Document indicating Ownership / long-term lease or rental of a dwelling | <input type="checkbox"/> BC Driver's License (Note: BC Driver's License and BC Services Card are considered one piece of ID) | <input type="checkbox"/> Other (specify) – See Checklist for Student Registration |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

STUDENT ADDRESS:

| | |
|-------------------------|--------------------------------------------------------------------------------------------------------|
| Physical Address | Mailing Address: |
| Street address: _____ | Is identical (if not, provide details below): <input type="checkbox"/> Yes <input type="checkbox"/> 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): | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Restraining Order (registered court document - copy provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Does your child need assistance or supervision in taking his/her medication: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Has your child had a Tetanus shot within the past ten years: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Allergies and health conditions: | | | |
| Life Threatening: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If yes, please complete the following: | | | |
| Blood clotting disorders (ie: hemophilia that requires immediate medical care): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Diabetes: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Epilepsy with a history of seizures within the past two years: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Severe allergic reactions needing adrenaline or hospitalization: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Severe Asthma reactions needing immediate medical treatment or medication to prevent an emergency: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Will your child need emergency medication for an allergic reaction: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Any other medical conditions that may require emergency care at school: | <input type="checkbox"/> Yes | <input type="checkbox"/> 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Anaphylaxis Form Completed (Policy 8008) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Medical Supplies Delivered to school: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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: _____

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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship: _____ |
| Home phone: _____ | Cell phone: _____ |
| Email: _____ | Work phone: _____ |
| Place of employment: _____ | |
| Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address: <input type="checkbox"/> Same as student (Page 1) | |
| Street address: _____ | RR Number/PO Box: _____ |
| City Prov PC _____ | |
| Mailing Address: <input type="checkbox"/> Is identical | |
| Street address: _____ | RR Number/PO Box: _____ |
| City Prov PC _____ | |

| | |
|-------------------------------------------------------------------------------|----------------------------|
| Legal first name: _____ | Legal last name: _____ |
| Usual first name: _____ | Usual last name: _____ |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Relationship: _____ |
| Home phone: _____ | Cell phone: _____ |
| Email: _____ | Work phone: _____ |
| Place of employment: _____ | |
| Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Address: <input type="checkbox"/> Same as student (Page 1) | |
| Street address: _____ | RR Number/PO Box: _____ |
| City Prov PC _____ | |
| Mailing Address: <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home phone: _____ | Cell phone: _____ |
| Email: _____ | Work phone: _____ |
| Place of employment: _____ | |
| Out of District Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| First name: _____ | Last name: _____ |
| Relationship: _____ | Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home phone: _____ | Cell phone: _____ |
| Email: _____ | Work phone: _____ |
| Place of employment: _____ | |
| Out of District Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| First name: _____ | Last name: _____ |
| Relationship: _____ | Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Home phone: _____ | Cell phone: _____ |
| Email: _____ | Work phone: _____ |
| Place of employment: _____ | |
| Out of District Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

RELATED STUDENTS: STUDENT SIBLINGS - SCHOOL-AGED:

| | |
|-----------------------------------------------------------------------|-------------------------|
| Relationship: _____ | Legal first name: _____ |
| Legal last name: _____ | Usual first name: _____ |
| Usual last name: _____ | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | School attending: _____ |
| Home phone: _____ | |

| | |
|-----------------------------------------------------------------------|-------------------------|
| Relationship: _____ | Legal first name: _____ |
| Legal last name: _____ | Usual first name: _____ |
| Usual last name: _____ | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | School attending: _____ |
| Home phone: _____ | |

| | |
|-----------------------------------------------------------------------|-------------------------|
| Relationship: _____ | Legal first name: _____ |
| Legal last name: _____ | Usual first name: _____ |
| Usual last name: _____ | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | School attending: _____ |
| Home phone: _____ | |

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: |
| <input type="checkbox"/> Mother Goose <input type="checkbox"/> Storybook Village |
| <input type="checkbox"/> Munchkinland(s) <input type="checkbox"/> Wow Bus |
| <input type="checkbox"/> Other Please specify: _____ |



SD69 QUALICUM

School District 69 (Qualicum)

Student Registration Form

Permissions

SCHOOL TO PROVIDE PARENT/GUARDIAN WITH A COPY OF THIS PAGE FOR THEIR RECORDS

PARENT/GUARDIAN TO INITIAL ONCE PERMISSIONS INFORMATION HAS BEEN READ AND UNDERSTOOD AS OUTLINED BELOW

"I/we have read the information provided about the permissions below. I/we can change permissions in future by contacting the school office in writing".

STUDENT NAME: _____

Parent/guardian initial(s) required below:

Yes

No

Send Email & Autodialer calls, if applicable:

Release of Info: Photos Outside of District and/or to Media/Public Domain

On occasion, photos of your child at school or at a school event or function may be taken. The coverage could include your child's photograph, name, and comments. This information may be used for program information and/or promotional or showcasing purposes on the public domain (e.g.: school/district website or newsletter, public newspaper or television).

School to provide the following form:

- "Student FOIPPA/Personal Information Consent Form"

Form Received:

Form Received:

Permission to Walk Home:

Permission for your child to walk home after school dismissal time, if applicable

Internet Access:

Students will, from time to time, access the internet for instructional purposes

School to provide the following form::

- "Student Use of Web-based (Cloud) Educational Tools: Informed Parental Consent Process for Storage and Access of Information Both Inside and Outside Canada" and;
- "Google Apps for Education (GAPE)", if applicable

Forms Received:

Forms Received:

Release of Information to PAC

The Parent Advisory Committee may contact families of children in school regarding: volunteer opportunities, informational purposes, in the event of an emergency, etc.

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.

(Please sign in front of school secretary)

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: _____

Verified by (school staff signature): _____

Date: _____