School District 69 (Qualicum)
Secondary School
Student Registration Form

(download and save form to complete)

OFFICE USE ONLY

School:
Date Application Received:
Student Name:
Grade: Homeroom:
BCeSIS#: Program:
X-boundary: ☐ Yes ☐ No ☐ N/A
If yes, Catchment school name:
Cross-enrolled school, if applicable:

BASIC STUDENT DEMOGRAPHICS: STUDENT INFORMATION

Gender (check one): ☐ Male ☐ Female
Legal Last Name:
Legal First Name:
Legal Middle Name:
Usual Last Name:
Preferred First Name:
Birth Date (DD/MMM/YYYY)
Home Phone:
***Unlisted (check one): ☐ Yes ☐ No

Student Cell phone:
Student Email:
Property Address:
City: Postal Code:
Mailing Address: (same as Property Address):
☐ Yes ☐ No (if no, enter address below):
Address:
City:
Postal Code:

PROOF OF AGE (Check one and attach)

☐ Birth Certificate ☐ Certificate of Citizenship ☐ Court Order ☐ Passport ☐ Other

ADMISSION INFORMATION

French Immersion: ☐ Yes ☐ No Grade:

Previous School/District

District:
Province:
Country:
School:
Address:
City:

STUDENT SUPPORT SERVICES:

Currently on an IEP (designated) ☐ Yes ☐ No
Currently receiving Learning Assistance ☐ Yes ☐ No

OFFICE USE ONLY - Records Requested

Date Records Requested:
Date Records Received:

IMMIGRATION: CITIZENSHIP/LANGUAGE INFORMATION

Country of Birth:
City of Birth:
Province of Birth:
Citizen of:
If not a Canadian citizen, Date of entry into Canada:
Click here to enter a date.
First Language:
Language at home:
Language Most Used:

ABORIGINAL ANCESTRY (If yes, check status)

Aboriginal Ancestry: ☐ Yes
Status – On Reserve ☐ Yes
Status – Off Reserve ☐ Yes
Metis ☐ Yes
Inuit ☐ Yes
Non-Status ☐ Yes
Band of Residence:
Other:

OFFICE USE ONLY – CITIZENSHIP STATUS

Canadian Citizen	☐	Yes	☐	No	Permanent Res./Landed Immigrant:	☐ Yes	☐ No
Intl Funding Eligible	☐	Yes	☐	No	Refugee:	☐ Yes	☐ No
Intl Funding NOT Eligible	☐	Yes	☐	No	Study Permit #:		
Out of Province Canadian Not Eligible	☐	Yes	☐	No	Permit Expiry Date:		
Exchange Student:	☐	Yes	☐	No	Copy of exchange agreement received:	☐ Yes	☐ No

PARENT INFORMATION

Custody (both parents): ☐ Yes ☐ No

**If no, please indicate custody:

Living with:

Relationship:

Parent/Guardian Last Name:

Parent/Guardian First Name:

Same as student address: ☐ Yes ☐ No

**Address , if different, below:

Address:

City:

Postal Code:

Willing to Volunteer: ☐ Yes ☐ No

Place of Employment:

Home Phone:

**Unlisted: ☐ Yes ☐ No

Cellular Phone:

Business Phone, if available at work:

VISA/Work/Study Permit Number:

Email Address:

Living with:

Court Access:

Relationship:

Parent/Guardian Last Name:

Parent/Guardian First Name:

Same as student address: ☐ Yes ☐ No

**Address, if different, below:

Address:

City:

Postal Code:

Willing to Volunteer: ☐ Yes ☐ No

Place of Employment:

Home Phone:

**Unlisted: ☐ Yes ☐ No

Cellular Phone:

Business Phone, if available at work:

VISA/Work/Study Permit Number:

Email Address:

OFFICE USE ONLY

Copies of current court orders (i.e.: court orders, if applicable) ☐ Yes ☐ No ☐ N/A

Evidence that parent/guardian are ordinarily resident: ☐ BC Medical Services Plan Coverage (copy on file)

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 Hydo bill)

☐ Document indicating Ownership/long-term lease or rental of a dwelling

☐ BC Driver's license (Note: BC Driver's License and Services card is considered one piece of ID)

☐ Other (specify): (See Registration Checklist: page 1)

STUDENT SIBLINGS

Last Name:

First Name:

Relationship:

Date of Birth:

Gender (check one): ☐ Male ☐ Female

School:

Last Name:

First Name:

Relationship:

Date of Birth:

Gender (check one): ☐ Male ☐ Female

School:

Last Name:

First Name:

Relationship:

Date of Birth:

Gender (check one): ☐ Male ☐ Female

School:

Last Name:

First Name:

Relationship:

Date of Birth:

Gender (check one): ☐ Male ☐ Female

School:

EMERGENCY CONTACTS (ALTERNATE):

Last Name:	Last Name:
First Name:	First Name:
Relationship:	Relationship:
Address:	Address:
City:	City:
Postal Code:	Postal Code:
Place of Employment:	Place of Employment:
Can pick up student? ☐ Yes ☐ No	Can pick up student? ☐ Yes ☐ No
Home Phone:	Home Phone:
**Unlisted ☐ Yes ☐ No	**Unlisted: ☐ Yes ☐ No
Cellular Phone:	Cellular Phone:
Email Address:	Email Address:
Work Phone:	Work Phone:

MEDICAL/HEALTH INFORMATION

Doctor Name: Dentist Name:

Phone Number: Phone Number:

Care Card Number: Tetanus shot within past ten years: ☐ Yes ☐ No

Does your child need to take medication on a continuing basis at school: ☐ Yes ☐ No

Does your child need assistance or supervision in taking his/her medication: ☐ 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:

Follow up Medical Form complete (school to provide, if applicable): ☐ Yes ☐ No ☐ N/A

Type of Form(s) completed:

Administration of Medication form complete (Policy 8006a): ☐ Yes ☐ No ☐ N/A

Medical Supplies Delivered: ☐ Yes ☐ No ☐ N/A

Anaphylaxis form complete (Policy 8008): ☐ Yes ☐ No ☐ N/A

STUDENTS WITH MEDICAL PROBLEMS (ALERTS)

Please note that it is the responsibility of parents/guardians to make the school aware of any life-threatening medical problems or life-threatening allergies (anaphylaxis) their child/children may have. You will be provided with a form 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 in its original container clearly marked with the student's name. Please check the expiration date of the medication. 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 Medication at School" form, which may be obtained from the school office. If your child will be self-administering their medication, the "Self-Administered Medication" form must be completed.

School District 69 (Qualicum)

SECONDARY SCHOOL STUDENT REGISTRATION FORM

STUDENT MISCELLANEOUS INFORMATION: PERMISSIONS

OFFICE USE ONLY

School:

Date Application Received:

Student Name:

Grade: Homeroom:

Program:

Catchment School, if approved cross boundary:

SCHOOL TO PROVIDE PARENT/GUARDIAN WITH A COPY OF THIS PAGE FOR THEIR RECORDS
PARENT/GUARDIAN TO INITIAL ONCE PERMISSIONS HAVE 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/legal guardian initial(s) required below:	
	Yes	No
Internet Access: Students will, from time to time, access the internet for instructional purposes *School to provide:* - "Student Use of Web-based (Cloud) Educational Tools: Informed Parental Consent Process for Storage and Access of Information Both Inside and Outside Canada" and; - "Student FOIPPA/Personal Information Consent Form"		
Permission to Walk Home: Permission for your child to walk home after school dismissal time, if applicable		
Permission to Ride Bike: Permission for your child to ride bike home after school dismissal time, if applicable		
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.		
****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).		
****For Grad Planning** School Administration or Counsellor(s) at the secondary level may need to contact families for graduation planning purposes		

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 staff)

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: _____