



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

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

MEDICAL/HEALTH INFORMATION

Doctor Name: _____
 Phone Number: _____
 Care Card 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 his/her medication: Yes No
 Allergies and Health Conditions: _____
 Life Threatening: Yes No N/A

Dentist Name: _____
 Phone Number: _____
 Tetanus shot within past ten years: Yes No
 Yes No

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 Yes No N/A

(school to provide, if applicable):

Type of Form(s) completed: _____

Administration of Medication form complete (Policy Yes No N/A

8006a):

Medical Supplies Yes No N/A

Delivered:

Anaphylaxis form complete Yes No N/A

(Policy 8008):

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

Parent/legal guardian initial(s) required below:	
Yes	No

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: _____