



## SCHOOL DISTRICT #78 (Fraser Cascade) Student Registration Form

**OFFICE USE ONLY**

Student Grade Level: \_\_\_\_\_ Admission Date: \_\_\_\_\_  
Registration

Homeroom/TA: \_\_\_\_\_ Date: \_\_\_\_\_

New Student

Returning Student

Student Transfer

Immigration Status:

Canadian Citizen     International – Funding Not Eligible

Permanent Resident/Landed Immigrant

Special Services (please specify): \_\_\_\_\_

**Residency:**

In Catchment

Out of Catchment

Out of District

**Programs:**

Regular Program

International

Home School

ESL Program: \_\_\_\_\_

Special Ed Program/Designation: \_\_\_\_\_

Public Health Nurse has been notified of life-threatening health condition.

**Students without Canadian citizenship, Permanent Resident/Landed Immigrant status or International Student status must apply to the Director, International Student Program, for admission**

**Student**

Legal Last Name \_\_\_\_\_ Home phone \_\_\_\_\_ Unlisted

Legal First Name \_\_\_\_\_ Student e-mail \_\_\_\_\_

Legal Middle Name(s) \_\_\_\_\_ RR Number/PO \_\_\_\_\_ Family Courier

Usual Last Name \_\_\_\_\_ Street Address \_\_\_\_\_

Usual First Name \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Usual Middle Name(s) \_\_\_\_\_ Mailing Address (if different than property address) \_\_\_\_\_

Gender      Male       Female

Street Address \_\_\_\_\_

Date of birth \_\_\_\_\_ RR Number/PO Box \_\_\_\_\_

Personal Health No. \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

Previous School Name \_\_\_\_\_ District \_\_\_\_\_ City \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Last, First name \_\_\_\_\_

Relationship \_\_\_\_\_

Male  Female  Parental authority or

Can pick up  Lives with student

Receive mailings  Receive email

Receive autodialer calls  Has portal access

Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Property Address (if not living with student)**

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

**Mailing Address (if different than student / property address)**

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail Address \_\_\_\_\_

**PARENT / GUARDIAN INFORMATION**

Last, First name \_\_\_\_\_

Relationship \_\_\_\_\_

Male  Female  Parental authority or

Can pick up  Lives with student

Receive mailings  Receive email

Receive autodialer calls  Has portal access

Home phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Property Address (if not living with student)**

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

**Mailing Address (if different than student / property address)**

Street Address \_\_\_\_\_

RR Number/PO Box \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ PC \_\_\_\_\_

E-mail Address \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the 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 contact	_____	Home phone	_____	Work Phone	_____
		Cell Phone	_____	Relationship	_____

Billet Information (Name, address, phone number): \_\_\_\_\_

**SIBLING INFORMATION**

_____	_____	_____	_____
LEGAL LAST, LEGAL FIRST	GENDER	BIRTHDATE	RELATIONSHIP
_____	_____	_____	_____
LEGAL LAST, LEGAL FIRST	GENDER	BIRTHDATE	RELATIONSHIP
_____	_____	_____	_____
LEGAL LAST, LEGAL FIRST	GENDER	BIRTHDATE	RELATIONSHIP

**STUDENT LEGAL ALERTS**

Court order on file?

Description \_\_\_\_\_

**STUDENT MEDICAL ALERTS**

**MEDICAL INFORMATION**

Care Card No: _____	Family Doctor: _____	Phone: _____
Preferred Hospital: _____	<b>Doctor's contact information required if student has a life-threatening condition.</b>	
<b>Life Threatening Health Condition:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Letter of authority to administer medications on file <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the student has a life-threatening health condition, <b>please arrange to meet with the school principal prior to the student attending school.</b>		
The life-threatening health conditions that apply to this student are: _____		<b>MEDICATION TYPE</b>

**OTHER STUDENT ALERTS – Health, family or other informational**

Description \_\_\_\_\_

CITIZENSHIP (Country) \_\_\_\_\_ Visa Status \_\_\_\_\_ Expiration \_\_\_\_\_

LANGUAGE At Home \_\_\_\_\_ Most Used \_\_\_\_\_ First \_\_\_\_\_

ABORIGINAL ANCESTRY Metis  Inuit  Status- On Reserve  Status – Off Reserve  Non-Status

Band of Origin \_\_\_\_\_ Band of Residence \_\_\_\_\_ Status No. \_\_\_\_\_

**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 / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_