

OFFICE USE ONLY:

Admission Date: _____	Residency:	Immigration Status:	Programs:
Registration Date: _____	<input type="checkbox"/> In Catchment	<input type="checkbox"/> Canadian Citizen	<input type="checkbox"/> Regular Program
<input type="checkbox"/> New Student	<input type="checkbox"/> Out of Catchment	<input type="checkbox"/> International - funding non-eligible	<input type="checkbox"/> International
<input type="checkbox"/> Returning Student	<input type="checkbox"/> Out of District	<input type="checkbox"/> Permanent resident/landed immigrant	<input type="checkbox"/> Home School
<input type="checkbox"/> Student Transfer			<input type="checkbox"/> ESL Program
			<input type="checkbox"/> Special Ed Program

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

SCHOOL _____ **GRADE LEVEL** _____

STUDENT:

Legal Last Name _____	Home phone _____ Unlisted <input type="checkbox"/>			
Legal First Name _____	Student Email _____			
Legal Middle Name(s) _____	Street Address _____			
Usual Last Name _____	RR Number/PO _____			
Usual First Name _____	City _____ Prov ____ PC _____			
Usual Middle Name(s) _____	Proof of Address _____			
Legal Gender ____ Gender Identity ____ <i>F,M,N (Non-Binary)</i>	Mailing Address (if different than property address) _____			
Date of Birth <table border="1" style="display:inline-table; width:100px; height:20px; vertical-align:middle;"><tr><td style="width:33%"> </td><td style="width:33%"> </td><td style="width:33%"> </td></tr></table> Proof of age _____				Address _____
DD MM YYYY	RR Number/PO _____			
City _____ Prov ____ PC _____	City _____ Prov ____ PC _____			
Previous School Name and District _____ City _____	Family Courier?(Can bring mail home from school) _____			
Public Health Number _____				
CITIZENSHIP (Country) _____ Visa Status _____ Expiration _____				
LANGUAGE(Primary) _____ LANGUAGE (at home if different than primary) _____				
Has your child received Learning Assistance <input type="checkbox"/> ELL <input type="checkbox"/> My child has an IEP (Student Services) <input type="checkbox"/>				

PARENT/GUARDIAN INFORMATION (n/a for Adult Students)

Last Name, First Name _____	Property address (if not living with student) _____
Relationship _____	Street Address _____
Home Phone _____ Cell Phone _____	RR Number/PO _____
Work Phone _____	City _____ Prov ____ PC _____
Can pick up student <input type="checkbox"/> Lives with student <input type="checkbox"/>	Mailing address (if different than property address) _____
Receive Mailings <input type="checkbox"/> Receive Emails <input type="checkbox"/>	Address _____
Has MyEducation BC Portal Access <input type="checkbox"/>	RR Number/PO _____
Email Address _____	City _____ Prov ____ PC _____

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Receive Mailings <input type="checkbox"/> Receive Emails <input type="checkbox"/>	Address _____
Has MyEducation BC Portal Access <input type="checkbox"/>	RR Number/PO _____
Email Address _____	City _____ Prov ____ PC _____

EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached. Listed in the priority 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 or billet contact - where student would stay in case of weather/road closures, natural disaster
 Name, address, phone number _____

INDIGENOUS ANCESTRY

Inuit Band of Origin _____
 Metis
 Indigenous Non-Status Band of Residence _____
 Indigenous Status Living Off Reserve
 Indigenous Status Living On Reserve Status No. _____

SIBLING INFORMATION - students attending SD78

DD/MM/YYYY

LEGAL FIRST AND LAST NAME _____ BIRTHDATE _____ RELATIONSHIP _____
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STUDENT ALERTS:

LEGAL Do you have a Family Court Order on file? Have you provided a copy to the school?
 Description/Explanation _____

MEDICAL ALERTS
 Life Threatening Health Condition Yes No Letter of authority to administer medications on file Yes No
If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school
 The life-threatening health conditions that apply to this student are: _____ Medication type/Treatment _____

Doctor _____ Phone _____

OTHER STUDENT ALERTS - Health, family, or other information
 Description _____

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 SIGNATURE _____ DATE _____