

K – 12 Student Registration Form**STUDENT:**

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Usual Last Name: _____

Usual First Name: _____

Usual Middle Name: _____

Legal Gender: Male Female

If applicable:

Preferred Gender: Male Female Transgender

Birth Date: _____ Age: _____

Home Phone No. _____

Student Email (if applicable): _____

Office Use Only: For Current Year Start Date: _____For Next Year

Date of Registration: _____ Current/Next Grade: _____

Time of Registration: _____

 Proof of Age Received (Passport, Birth Certificate etc.) Proof of Parent/Guardian Residing in BC Received
(ex. BC Services Card, Care Card, Driver's License) Proof of Home Address (for catchment purposes)**HOUSE ADDRESS:**

Street # & Name: _____

Apt # _____ City: _____ Province: _____

Postal Code: _____

Mailing Address if different from above:

Previous School: _____ **District:** _____ **City:** _____

MEDICAL: Doctor's Name: _____ Phone: _____ Care Card #: _____ **Has potentially life threatening condition as indicated:** Anaphylaxis (Extreme Allergic Reaction) Severe Asthma Seizure Disorder Diabetes Blood Clotting Disorder Serious Heart Condition Other

Details: _____

Please arrange a meeting with the school Principal if the student has a medically diagnosed life-threatening condition.**To be filled out by Principal or designate when a life threatening medical condition exists:** Doctor's Note Requested Doctor's Note ReceivedOther **Non-Life Threatening** Medical Conditions:
_____**CITIZENSHIP** Country of Birth: _____ Citizen of: _____ Immigration Status: _____**LANGUAGE** At Home _____ Most Used _____ First _____**ABORIGINAL ANCESTRY:** Inuit Metis Non-Status Status-Off Reserve Status-On Reserve

Band of Origin: _____ Band of Residence: _____ Status No. _____

SPECIAL LEARNING CONSIDERATIONSSpecial Needs: Yes Comments: _____ Learning Assistance during previous school year: Yes

PARENT/GUARDIAN INFORMATION**PARENT/GUARDIAN INFORMATION #1**

Contact #1 (Lives with Student):
Relationship: _____
(parent: Mother/Father/Step Parent or Guardian)

Last Name: _____

First Name: _____

Cell Ph: _____ Work Ph: _____

Email: _____

PARENT/GUARDIAN INFORMATION #3 (Not living with)

Contact #3 (Does NOT Live with Student):
Relationship: _____
(parent: Mother/Father/Step Parent or Guardian)

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

Email: _____

EMERGENCY CONTACT INFORMATION**EMERGENCY CONTACT #4**

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

EMERGENCY CONTACT #6

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

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PARENT/GUARDIAN INFORMATION #2

Contact #2 (Lives with Student):
Relationship: _____
(parent: Mother/Father/Step Parent or Guardian)

Last Name: _____

First Name: _____

Cell Ph: _____ Work Ph: _____

Email: _____

CUSTODY (If applicable):

Are there any legal documents in force re:
custody/guardianship/access Yes No

If yes, have you provided the school with a copy of these
legal documents? Yes No

Details:

CUSTODY (if Agency Representative eg. MCFD):

Continuing Custody Order

Temporary Custody Order

EMERGENCY CONTACT #5

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

OUT OF DISTRICT CONTACT

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

SIBLING INFORMATION

Legal Last Name _____

Gender: Male Female Transgender

Legal First Name _____

Birthdate: _____

Relationship to Student: _____

Legal Last Name _____

Gender: Male Female Transgender

Legal First Name _____

Birthdate: _____

Relationship to Student: _____

Legal Last Name _____

Gender: Male Female Transgender

Legal First Name _____

Birthdate: _____

Relationship to Student: _____

Legal Last Name _____

Gender: Male Female Transgender

Legal First Name _____

Birthdate: _____

Relationship to Student: _____

Legal Last Name _____

Gender: Male Female Transgender

Legal First Name _____

Birthdate: _____

Relationship to Student: _____

Other Notes Or Comments:

I verify that the information contained in this registration is accurate and complete.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date _____

The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.