School District 5 (Southeast Kootenay)
Student Registration Form

The information collected on this form will be protected consistent with the Freedom of Information and Protection Act.

Catchment School: _____ **Requested/Placed School:**

STUDENT INFORMATION

Gender: Male ☐ Female ☐ Other ☐

Preferred Gender _____

Legal Last Name _____

Legal First Name _____

Legal Middle Name _____

Usual Last Name _____

Preferred First _____

Date of Birth _____

(DD/Month/Year, e.g. 24 May 2005)

Proof of Age/Legal Name Received and on File

- ☐ Birth Certificate
- ☐ Certificate of Citizenship
- ☐ Court Order
- ☐ Driver's Licence
- ☐ Immigration Canada documents
- ☐ Passport

Main Phone _____

Unlisted Y ☐ N ☐ Grade _____

ADDRESS INFORMATION

Street Address _____

_____ Apt. No. _____

City _____ BC

Postal Code _____

Proof of Residency ☐ _____

Mailing Address (if different from above)

_____

_____

Is bussing needed? Y ☐ N ☐

(If yes, please request a school district transportation form.)

ADMISSION INFORMATION

Have you previously attend a BC School/StrongStart?

Y ☐ N ☐

Last School Attended: _____

City & Province _____

PARENTS/GUARDIANS (extra sheets are available if needed)

First Name _____

Last Name _____

Gender: Male ☐ Female ☐ Other ☐

Relationship to Student _____

Living with Student Y ☐ N ☐

Same as Student Address Y ☐ N ☐

Address _____

City & Province _____

Postal Code _____

Main Phone _____

Cell Phone _____

Email _____

Work Phone _____ Ext. _____

Employed at _____

First Name _____

Last Name _____

Gender: Male ☐ Female ☐ Other ☐

Relationship to Student _____

Living with Student Y ☐ N ☐

Same as Student Address Y ☐ N ☐

Address _____

City & Province _____

Postal Code _____

Main Phone _____

Cell Phone _____

Email _____

Work Phone _____ Ext. _____

Employed at _____

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CUSTODY/GUARDIANSHIP/ACCESS

Are there any legal documents in force re: custody/guardianship/access? Y ☐ N ☐

If so, please briefly explain _____

Have you provided a copy of these legal documents to the school? Y ☐ N ☐

EMERGENCY CONTACT INFORMATION #1	EMERGENCY CONTACT INFORMATION #2
First Name _____	First Name _____
Last Name _____	Last Name _____
Relationship to Student _____	Relationship to Student _____
Main Phone _____	Main Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Work Phone _____	Work Phone _____

SIBLING INFORMATION

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Last Name				
First Name				
Relationship				
Date of Birth DD/Month/Year				
School				
Gender	Male ☐ Female ☐ Other ☐	Male ☐ Female ☐ Other ☐	Male ☐ Female ☐ Other ☐	Male ☐ Female ☐ Other ☐

MEDICAL INFORMATION

Doctor Name _____ Phone _____

Dentist Name _____ Phone _____

Care Card Number _____

Allergies and Conditions _____

Are any of these conditions life threatening? Y ☐ N ☐

Life Threatening Condition _____

If yes, please request the following forms:

- *Request for Administration of Medication at School (Policy 3.4 – Administration of Medication at School)*
- *Anaphylaxis Emergency Action Plan (Policy 3.32 Allergies and Life Threatening Allergies in School)*

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IMMIGRATION/CITIZENSHIP

Country of Birth _____

Language at Home _____

Status in Canada	Child	Parent
Canadian Citizen	☐	☐
Permanent Resident/ Landed Immigrant	☐	☐
International Student	☐	☐
Student Visa	☐	☐

STATUS PROGRAMS

Aboriginal Language & Culture ☐
Aboriginal Support Services ☐
English Language Learner (ELL) ☐
French Immersion ☐
Special Education: ☐
Designation ☐
My Child has an Individual Education Plan (IEP)
Y ☐ N ☐
Was in an Alternate Program Y ☐ N ☐
Title _____

ABORIGINAL ANCESTRY INFORMATION

Do you have Aboriginal Ancestry Y ☐ N ☐

If yes, would you like to receive Aboriginal Support Services? Y ☐ N ☐

Status – Off Reserve ☐
Status – On Reserve ☐
Metis ☐
Inuit ☐
Non-Status ☐

Band Number if Applicable
0602 St. Mary's ☐
0603 Tobacco Plains ☐
0604 Akisqnuk 1st Nations ☐

BC SPORTS

Grade 8-12 Students Only

All students participating in secondary athletics in School District 5 must be registered with BC School Sports. I authorize disclosure of my child's name, birth date, current grade, year my child entered Grade 8 and previous school to BC School Sports for registration purposes.

Signature _____

CONSENT FORMS WHICH ARE REQUIRED IF APPLICABLE

☐ Anti-Spam Legislation (required by all)
☐ Information and Technology (Internet) (required by all)
☐ Outside Media in Schools (required by all)
☐ Personal Information Consent (required by all)
☐ Release of Student Records from Previous School (required by all)
☐ Aboriginal Education Information (required by Aboriginal students)
☐ Bus Student Registration
☐ Curricular & Extra Curricular Travel (required as needed as per School District Policy)
☐ Lockers (all middle/secondary students)
☐ Medical Alert Planning form/Request for Administration of Medication (required as needed as per School District Policy)

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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 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 District Administration Office (250-426-4201).

DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT
I hereby certify the foregoing information to be true, correct and complete.)

_____ _____
Signature Date

ONLINE REGISTRATION INFORMATION

When registering your child, please note the following process:

1. Use the School Locator to determine your catchment school
2. Complete this fillable PDF form
3. Ensure that your registration gets to your catchment school
4. Please note that registration at school of choice is based on availability

Please contact the catchment school directly to make an appointment. You may then take the completed form and documentation into the school.

Once your form is processed, the school will contact you regarding documentation. The following documents are required:

- ☐ Proof of birth date for the student (birth certificate or passport).
- ☐ Proof of guardianship (as shown on child's birth certificate, or other appropriate legal documentation such as landed immigrant document or guardianship order).
- ☐ Proof of citizenship for both the parent and student (Canadian Birth Certificate, Citizenship Card, Passport, Landed Immigrant Document, Permanent Resident Card, Enhanced Driver's License or Enhanced Identification Card).
- ☐ Proof of residence (e.g., ordinarily resident) of parent/guardian in BC (BC driver's licence, BC Services Card, BCID or BC Care Card of parent/legal guardian)

If you choose to email the above documents or your registration form, please be reminded that sending sensitive information over email is not necessarily considered safe.

OFFICE USE ONLY

Date Received _____ **Time Received** _____

Grade _____ **Home Room** _____ **Common Sis #** _____

Consent Forms Received

- ☐ Anti-Spam Legislation (required by all)
- ☐ Information and Technology (Internet) (required by all)
- ☐ Outside Media in Schools (required by all)
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- ☐ Bus Student Registration
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- ☐ Lockers (all middle/secondary students)
- ☐ Medical Alert Planning form/Request for Administration of Medication (required as needed as per School District Policy)

Transportation

Route Number _____ Bus Number _____ Stop Number _____

Stop Description _____