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**  **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

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

**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

**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  H LAKSSJFW

**EMERGENCY CONTACT INFORMATION**

(2)

First Name

Last Name

Relationship

Main Phone

Cell Phone

Work Phone

(1)

First Name

Last Name

Relationship

Main Phone

Cell Phone

Work Phone

**SIBLING INFORMATION**

Last Name 1. 2. 3. 4.

First Name

Relationship

Birthday (D/M/Y)

School

Gender (M / F) (M / F) (M / F) (M / F)

**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)*

**IMMIGRATION/CITIZENSHIP STATUS PROGRAMS**

Aboriginal Language & Culture 

Aboriginal Support Services 

English Language Learner (ELL) 

French Immersion 

Special Education: 

Designation

My Child has an Individual Educ. Plan (IEP) Y  N 

Was in an Alternate Program Y  N 

Title

Country of Birth

Language at Home

Status in Canada Child Parent

Canadian Citizen  

Permanent Resident/  

Landed Immigrant

International Student  

Student Visa  

**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  Band Number if Applicable: 0602 St. Mary’s 

Status – On Reserve  0603 Tobacco Plains 

Metis  0604 ?AkisQ-Nuk 1st N 

Inuit 

Non-Status 

**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)

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 (250-417-2055).

**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](https://mybaragar.com/index.cfm?event=page.SchoolLocatorPublic&DistrictCode=BC5) to determine your catchment school 2. Complete the registration form 3. Ensure that your registration 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)  **You may choose to email the above documents with your registration form however please be reminded that sending sensitive information over email is not necessarily considered safe.**  **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) * Personal Information Consent (required by all) * Outside Media in Schools (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)   **Transportation**  Route Number Bus Number Stop Number  Stop Description |

**OFFICE USE ONLY**