



**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**

**ADDRESS 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 \_\_\_\_\_

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 attended 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**

<p>(1)</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Relationship _____</p> <p>Main Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p>	<p>(2)</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Relationship _____</p> <p>Main Phone _____</p> <p>Cell Phone _____</p> <p>Work Phone _____</p>
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**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)*



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**IMMIGRATION/CITIZENSHIP STATUS**

Country of Birth \_\_\_\_\_

Language at Home \_\_\_\_\_

<u>Status in Canada</u>	<u>Child</u>	<u>Parent</u>
Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Resident/ Landed Immigrant	<input type="checkbox"/>	<input type="checkbox"/>
International Student	<input type="checkbox"/>	<input type="checkbox"/>
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>

**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 \_\_\_\_\_

**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 <input type="checkbox"/>	Band Number if Applicable:	0602 St. Mary's <input type="checkbox"/>
Status – On Reserve <input type="checkbox"/>		0603 Tobacco Plains <input type="checkbox"/>
Metis <input type="checkbox"/>		0604 ?AkisQ-Nuk 1 <sup>st</sup> N <input type="checkbox"/>
Inuit <input type="checkbox"/>		
Non-Status <input type="checkbox"/>		

**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)



### School District 5 (Southeast Kootenay) Student Registration Form

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

#### OFFICE USE ONLY

Date Received _____		Time Received _____	
Grade _____	Home Room _____	Common Sis # _____	
<b>Consent Forms Received</b>			
<input type="checkbox"/> Anti-Spam Legislation (required by all)			
<input type="checkbox"/> Information and Technology (Internet) (required by all)			
<input type="checkbox"/> Personal Information Consent (required by all)			
<input type="checkbox"/> Outside Media in Schools (required by all)			
<input type="checkbox"/> Release of Student Records from Previous School (required by all)			
<input type="checkbox"/> Aboriginal Education Information (required by Aboriginal students)			
<input type="checkbox"/> Bus Student Registration			
<input type="checkbox"/> Curricular & Extra Curricular Travel (required as needed as per School District Policy)			
<input type="checkbox"/> Lockers (all middle/secondary students)			
<input type="checkbox"/> Medical Alert Planning form/Request for Administration of Medication (required as needed as per School District Policy)			
<b>Transportation</b>			
Route Number _____	Bus Number _____	Stop Number _____	
Stop Description _____			