



SCHOOL DISTRICT NO. 63 (SAANICH)

STUDENT REGISTRATION FORM

School: _____

For Office Use Only

Catchment Status: Out of Catchment Out of District With Family

PLEASE PRINT CLEARLY

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		LEGAL Family Name		LEGAL First Name		LEGAL Middle Name		No Legal Middle Name <input type="checkbox"/>		
USUAL Family Name(s) (if different)			PREFERRED First Name (if different)			PREFERRED Middle Name (if different)				
Birth Date ____ - ____ - ____ dd mmm yyyy		Age		For Office Use Only						
Home Phone ()		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No		Entering Grade		PROOF OF LEGAL NAME & AGE <input type="checkbox"/> BC Identification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Documents <input type="checkbox"/> INAC Status Card <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Vital Statistics Documents			Staff Initials _____	
Home Address Street No. Street Name		Apt. No.		City		Prov BC		Postal Code		
For Office Use Only PROOF OF ADDRESS <input type="checkbox"/> Credit Card Invoice <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill										
Mailing Address if different from Home Address Street No. Street Name Apt. No. City Prov Postal Code										
Ever attended a BC School <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous District	Previous School or StrongStart Centre		Previous School Prov	Previous School Country	Previous School Phone (if known) ()		Previous School Fax No. (if known) ()		
Name of sibling(s) at this school _____										
BIRTHPLACE Country of Birth: _____ Prov. of Birth: _____			For Office Use Only - CITIZENSHIP <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible <input type="checkbox"/> International Funding Eligible <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International Funding Not Eligible					Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____		
FIRST NATIONS ANCESTRY <input type="checkbox"/> Status - on reserve <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Status - off reserve <input type="checkbox"/> Non-Status			BAND OF RESIDENCE <input type="checkbox"/> 0652 - Pauquachin <input type="checkbox"/> 0653 - Tsartlip <input type="checkbox"/> 0654 - Tsawout <input type="checkbox"/> 0655 - Tseycum <input type="checkbox"/> Other - No. _____ Name _____ DIA # (if known) _____							

CUSTODY <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> COURT ORDER (copy in student file) <input type="checkbox"/> Other (specify) _____				LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> MOTHER or <input type="checkbox"/> STEPMOTHER or <input type="checkbox"/> LEGAL GUARDIAN Last Name First Name				<input type="checkbox"/> FATHER or <input type="checkbox"/> STEPFATHER or <input type="checkbox"/> LEGAL GUARDIAN Last Name First Name			
Address (if not living with student)				Address (if not living with student)			
Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No				Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Work Phone ()		Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()		Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone ()		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone ()		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone ()		Pager		Cell Phone ()		Pager	
Email Address				Email Address			

EMERGENCY CONTACTS - If parents cannot be reached			Home Phone ()	
First Contact Last Name First Name		Relationship to student	Work Phone ()	
			Cell Phone ()	
Second Contact Last Name First Name		Relationship to student	Home Phone ()	
			Work Phone ()	
			Cell Phone ()	

Family Doctor's Name	Doctor's Phone ()	STUDENT'S CARE CARD NO
HEALTH FACTORS Check if applicable <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other Additional Information: _____ _____		Are any of these conditions LIFE THREATENING? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____ _____
Other Health Conditions which may require emergency care – please specify. _____		
<input type="checkbox"/> The student requires medication to be administered during school hours for one month or longer . Please contact school staff to discuss and to plan. Name of Medication(s) _____		

EMERGENCY CLOSURE - DISMISSAL PROCEDURE		
<input type="checkbox"/> 1 – Upon dismissal, proceed home, as usual	<input type="checkbox"/> 2 - Remain, pending parental instruction	<input type="checkbox"/> 3 – Other (specify) _____

SPECIAL LEARNING CONSIDERATIONS	Ministry Designation - Special Needs Category (if known):
_____	_____
_____	_____

I certify that the above information is correct and valid as of _____ Date _____ Signature of Parent or Legal Guardian _____

Additional Information, Permissions and Signature
If at any time in the future you wish to rescind or give permission in any of the areas below, please contact your child's school.

<p>Media Disclaimer The information on this form is collected under the authority of the School Act Section 79. 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 79 (2) of the School Act. Your child's name and/or photo may also be published in a school newsletter, yearbook or other school publication. Please check the statement that expresses whether you wish your child to be involved in such coverage. If we do not receive a response from you, we will assume you have consented.</p> <p><input type="checkbox"/> I give permission for my child, _____ to be involved in media coverage. <input type="checkbox"/> I DO NOT give permission for my child, _____ to be involved in media coverage.</p>	<p>Parent Advisory Committee The school has a Parent Advisory Committee (PAC) that represents the parents and engages in activities in support of the school, including fundraising. The school will normally make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC for contact purposes.</p> <p><input type="checkbox"/> I give permission for the release of my name, home phone number, mailing address and my student's name and grade to the school PAC. <input type="checkbox"/> I DO NOT give permission for the release of my name, home phone number, mailing address and my student's name and grade to the school PAC.</p>
--	---

Parental Authority for Accessing Electronic Communication Systems	
In accordance with SD 63 Board Policy 3130 - <i>Student Acceptable Use of Electronic Communication Systems in Schools</i> ,	
<input type="checkbox"/> I give permission for my child to access electronic communications systems.	<input type="checkbox"/> I DO NOT give permission for my child to access electronic communications systems.
I understand that a copy of the regulation is available in the school office.	
Signature of Parent _____	Date _____

FOR OFFICE USE ONLY							
BCeSIS No.	School No.	School Name	Address Verified <input type="checkbox"/> Yes	Division	Teacher		
Admission Reason: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Student Transfer <input type="checkbox"/> Graduated <input type="checkbox"/> Adult -19 yrs or older		Program Type <input type="checkbox"/> Regular <input type="checkbox"/> International	Enter Program Codes: <input type="checkbox"/> 63 Core French <input type="checkbox"/> 63 French Immersion <input type="checkbox"/> 63 ESL (for SBO use)		Catchment <input type="checkbox"/> Out of Catchment <input type="checkbox"/> Out of District	Copies for file: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested	
Admission Date: ____ - ____ - ____ dd mmm yyyy		First Date of Attendance (if different) ____ - ____ - ____ dd mmm yyyy			Nurse notified of Life Threatening Condition <input type="checkbox"/> Yes <input type="checkbox"/> No		
Advise: <input type="checkbox"/> Library <input type="checkbox"/> Computer Lab		Revise: <input type="checkbox"/> Class List for Teacher <input type="checkbox"/> Division List <input type="checkbox"/> Class List for Office					
Student File <input type="checkbox"/> Requested <input type="checkbox"/> Received		<input type="checkbox"/> Teacher for Review <input type="checkbox"/> Filed		RED FILE <input type="checkbox"/> Requested <input type="checkbox"/> Received			