

PLEASE COMPLETE IF INDIGENOUS ANCESTRY

- Metis FN Status – on reserve
 Inuit Status – off reserve
 Non Status
 Prefer not to answer

BAND OF RESIDENCE

- 0652 - Pauquachin 0653 - Tsartlip
 0654- Tsawout 0655 - Tseycum
 Other – No. _____ Name _____ DIA # _____

If Indigenous Ancestry would you like to :

- Yes, I give permission for my child to access programs and services from the Indigenous Education Program for the current school year.
 No, I would like to decline services from the Indigenous Education Program for the current school year.

Previous Special Ed Designation: category: _____

Other Learning Considerations:

Family Doctor's Name	Doctor's Phone ()	STUDENT'S CARE CARD NO
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HEALTH FACTORS Check if applicable

Anaphylactic Allergies Asthma Diabetes Epilepsy Other

Additional Information: _____

Are any of these conditions **LIFE THREATENING?** Yes No

Please specify: _____

Other Health Conditions which may require emergency care – please specify.

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

FOR OFFICE USE ONLY								
Pupil #:	PEN #:	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 ELL (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 mm yyyy		First Date of Attendance (if different) _____/_____/_____ dd mm yyyy		Nurse notified of Life Threatening Condition <input type="checkbox"/> Yes <input type="checkbox"/> No				
Advise: <input type="checkbox"/> Library		Revise: <input type="checkbox"/> Class List for Teacher <input type="checkbox"/> Division List		Ministry Designation - Special				
<input type="checkbox"/> Computer Lab		<input type="checkbox"/> Class List for Office <input type="checkbox"/> _____		Needs Category (if known): _____				
Student File		<input type="checkbox"/> Requested <input type="checkbox"/> Teacher for Review		RED FILE <input type="checkbox"/> Requested				
<input type="checkbox"/> Received		<input type="checkbox"/> Filed		<input type="checkbox"/> Received				

- SPREADSHEET DISTRICT AVERAGING EMAIL FAX SCHOOL BLUE BAG