



SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)
STUDENT REGISTRATION FORM

S.1
Rev. Apr 2012

OFFICE USE ONLY: MUST BE COMPLETED PRIOR TO ADMISSION

Student Grade Level: _____ Admission Date: _____ Residency: _____ Programs: _____
Homeroom: _____ Registration Date: _____ dd-mmm-yyyy
New Student, Returning Student, Student Transfer, Graduated, Adult (born before July 1, 1987), In Catchment, Out of Catchment, Out of District, Regular Program, French Immersion, Pre-Employment, International Studies, ESL Program, Special Ed Program/Designation, Canadian Citizen, Out of Prov. Cdn - Funding Not Eligible, Permanent Resident/Landed Immigrant, International - Funding Not Eligible, Public Health Nurse notified of any life-threatening health condition, Previous School Contacted, Birth Certificate Verified

Previous School: _____
Previous School/PreSchool or DayCare Contact: _____
Grade at Previous: _____
Previous District: _____

STUDENT INFORMATION

Legal Last Name: _____ Usual Last Name: _____
Legal First Name: _____ Preferred First Name: _____
Legal Middle Name: _____ Preferred Middle Name: _____
Birth Date: dd - mmm - yyyy Proof of Age: BC Identification, Immigration Canada Documents, Birth Certificate, Permanent Resident Card, Certificate of Citizenship, Passport, Court Order, Vital Statistics Documentation, Drivers' License
Gender: Male, Female
Home Phone: _____ Unlisted
Property/Home Address: Street, City/Town, Province, Postal Code
Mailing Address: (if different from Property/Home Address) Street, City/Town, Province, Postal Code

Ancestry (MUST BE COMPLETED)

Country & Province of Birth: _____
First Language Spoken: _____
Language used at home: _____
Aboriginal Ancestry: Yes, No, Metis, Status - off reserve, Inuit, Status - on reserve *, Non-Status, *Band of Residence: _____

PARENT/GUARDIAN INFORMATION

Last Name: _____ First Name: _____
Parent Type: Mother, Father, Other: _____
Home Address: Same as Student, (specify address below if this parent is NOT living with the student)
Street, City, Province, Postal Code
Home Phone: _____ Unlisted
Place of Employment: _____
Business Phone: _____ Ext. _____ Unlisted
Cellular Phone: _____ Unlisted
Email address: _____
Above information can be used for emergency contact? Yes, No
Do you have a specific custody arrangement we should know about? Yes, No
If yes, please provide a copy of the court order.
Additional comments: _____

EMERGENCY CONTACT INFORMATION

Last Name: _____
First Name: _____
Relationship to Student: _____
Home Address: _____
Street City Province Postal Code
Home Phone: _____ Unlisted
Place of Employment: _____
Business Phone: _____ Ext. _____ Unlisted
Cellular Phone: _____ Unlisted
Email address: _____
Can this contact person pick up the student? Yes No

EMERGENCY CONTACT INFORMATION

Last Name: _____
First Name: _____
Relationship to Student: _____
Home Address: _____
Street City Province Postal Code
Home Phone: _____ Unlisted
Place of Employment: _____
Business Phone: _____ Ext. _____ Unlisted
Cellular Phone: _____ Unlisted
Email address: _____
Can this contact person pick up the student? Yes No

Note: Parents should contact all emergency contacts listed above to ensure they know they are being listed as an emergency contact.

MEDICAL INFORMATION

CareCard No: ____ - ____ - ____ Family Doctor: _____ Phone: _____
Doctor's contact information required if student has a life-threatening condition.

Life Threatening Health Condition:* Yes No

Please specify: _____

***If the student has a life-threatening health condition, please arrange to meet with school principal prior to the student attending school and ensure the Medical Alert Planning form has been completed.**

Non-life Threatening Health Conditions:

If the student has a non-life threatening health condition which may affect his/her ability to function at school (e.g. vision impairment, hearing impairment, activity limitation, mental health disorder), please indicate here or inform school staff: _____

Medication Administration: (* Please ensure the Request for Medication at School form has been completed.

- I request that the student receive assistance with, or be supervised during, medication administration in an emergency
- The student requires medications to be administered during school hours. Please contact school staff to discuss.

Name of Medication(s): _____

PARENTAL/GUARDIAN PERMISSION/RELEASE OF INFORMATION

I permit:

- my child's name and/or photo to be used in any school publications including web pages for the Internet.
- my child to be included in any media coverage of a school event.
- the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Committee for the purpose of school related communications.
- my child to participate in local field trips.
- my child to access the network and Internet in support of their education. (In accordance with Board Policy No. 220 - Use of Computer/Internet/On-line Resources and Communications. A copy of this policy is to be given to the parent and is available in the school office.)

I acknowledge:

- that my child will use his/her locker/desk only for accepted school-related activities and that it may be inspected
- that schools have the obligation and right to share demographic information with Provincial Health and Social Services agencies.

Signature of Parent/Guardian

Date

I certify that the information I have provided on this form is correct:

Signature of Parent/Guardian

Date

The information on this form is collected under the authority of the School Act. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation, and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.