

K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?

YES NO



TO BE COMPLETED BY OFFICE: (Please ensure Proof of Age and Residency are provided and initial in allocated area)

CATCHMENT SCHOOL: _____ **Date:** _____ **STAFF INITIALS**

Information Verified By (Staff Name): _____

Current Year: Enrollment Date: _____ Grade: _____

Next Year: Date of Registration: _____ Time of Registration: _____ Current/Next Grade: _____

Cross Boundary: YES NO **If YES, Name of Cross Boundary School Requested:** _____

REGISTRATION DOCUMENTATION:

Proof of Legal Guardianship:	Proof of Residency (Parent/Guardian):	Proof of Physical Address (for catchment):
<input type="checkbox"/> Birth Certificate (LONG Version with Parent Names) <input type="checkbox"/> Landed Immigrant Document <input type="checkbox"/> Guardianship Order <input type="checkbox"/> Income Tax Statement (Children are Declared)	<input type="checkbox"/> BC Driver's License <input type="checkbox"/> BC Services Card (PHN) <input type="checkbox"/> ICBC Registration Document <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas or <input type="checkbox"/> Cable Bill <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Employment Pay-Slips (Current)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas or <input type="checkbox"/> Cable Bill <input type="checkbox"/> Mortgage Statement
Proof of Child's Age:		
<input type="checkbox"/> Birth Certificate / <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License / BC Services Card (if over 19)		

TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):

STUDENT INFORMATION:

LEGAL Name: _____
(Last Name) (First Name) (Middle Name)

USUAL Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ **Age:** _____ **Legal Gender:** M F / **Preferred Gender:** M F Other
(DD-MM-YYYY)

Phone(s)/Email: _____
(Student Home) (Student Cell) (Student Work – if applicable) (Student Email)

Address: _____
(Apt. #, Street Name) (City) (Province, Postal Code)

Mailing Address (if different from above): _____

CITIZENSHIP (Student and Parent):

Student: Country of Birth: _____ Citizen of: _____ Immigration Status: _____

Parent: Country of Birth: _____ Citizen of: _____ Immigration Status: _____

LANGUAGE:

First Language: _____ **Used at Home:** _____ **Most Used:** _____

INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:

Inuit Metis Non-Status Status-Off Reserve Status-On Reserve

Band of Origin: _____ **Band of Residence:** _____

FORMER SCHOOL / STRONGSTART:

Name of Former School: _____ **School District #:** _____ **City:** _____

Has student ever attended a Mission School or StrongStart Program? NO YES: **School Name:** _____

MEDICAL:

Personal Health Number (PHN): _____

Does the student have a life-threatening medical condition? NO YES / If YES, please provide details below:Does the student have any other medical or health concerns? NO YES / If YES, please provide details below:**DISABILITIES and/or DIVERSE ABILITIES (please provide any applicable documentation):**Identified Disability and/or Diverse Ability (including supports for Social and Emotional Needs): NO YES

If YES, please provide details:

Student currently has an **Individualized Education Plan (IEP)** NO YES: If YES, Current Designation(s):**PARENTS/LEGAL GUARDIANS:****Parent/Legal Guardian #1.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

Parent/Legal Guardian #2.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

CUSTODY:Are there any legal documents in force re: Custody / Guardianship / Access? YES NOIf YES, have you provided the school with a copy of these legal documents? YES NO**CUSTODY-Agency Representative: (e.g., MCFD)** Continuing Custody Order Temporary Custody OrderIf YES, have you provided the school with a copy of these legal documents? YES NO**EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)****Contact #3.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____ Can Pick-Up? YES NO / Speaks English? YES NO
Check Those That Apply: HOME / CELL / WORK**Contact #4.**

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____ Can Pick-Up? YES NO / Speaks English? YES NO
Check Those That Apply: HOME / CELL / WORK**Out of District Contact:**First and Last Name: _____ Contact No.: _____ Can Pick-Up? YES NO**I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE
and acknowledge that it is my responsibility to ensure I notify the school of any changes to this information.**

Parent/Legal Guardian Name (please print): _____

Parent/Legal Guardian Signature (if student is under 19): _____ Date: _____