



# School Admission/Registration Form for School Year: 2020 - 2021

**Office Use Only:**

Pupil No. \_\_\_\_\_ Number: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Grade Level: \_\_\_\_\_ Homeroom/TA: \_\_\_\_\_

Legal **Last** Name: \_\_\_\_\_ Usual **Last** Name: \_\_\_\_\_

Legal **First** Name: \_\_\_\_\_ Usual **First** Name: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_ Usual Middle Name(s): \_\_\_\_\_

Birth Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender at birth:  Male  Female  
dd mmm yyyy Gender Identity (if applicable):  Male  Female  Non-binary

Proof of Age (please present documentation)  original Birth Certificate  Canadian Passport  Landed Immigrant Authorization  INAC Status Card

Home Phone: \_\_\_\_\_ Student Work #: \_\_\_\_\_ Student Cell #: \_\_\_\_\_

Unlisted Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

Custody (select one):  Both Parents  Mother  Father  Other, specify: \_\_\_\_\_

Court Order?  No  Yes If Yes, describe \_\_\_\_\_ *Note: a copy of an up-to-date court order must be on file with the school.*

Home Address: \_\_\_\_\_  
Street Address City Province Postal Code

Proof of Residential Address:  
 Please **provide documentation** of your residential address with this registration form. For up to date information about proof of address documentation requirements, please refer to the Registration Guide available in schools or at [www.sd61.bc.ca](http://www.sd61.bc.ca)

Birthplace: \_\_\_\_\_  
City Province Country

Home Language: \_\_\_\_\_ Language Most Used: \_\_\_\_\_ First Language: \_\_\_\_\_

Aboriginal Ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No (if <b>Yes</b> , please complete boxes to the right)	<input type="checkbox"/> Status → <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	If <b>Status</b> , indicate if Off Reserve or On Reserve: <input type="checkbox"/> Off reserve <input type="checkbox"/> On reserve - Band of Residence: <input type="checkbox"/> Songhees <input type="checkbox"/> Esquimalt <input type="checkbox"/> Other (please specify): _____ Nation/Band of Origin: _____
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Previous School: \_\_\_\_\_ Name of Sibling(s) at this School: \_\_\_\_\_

Previous Grade: \_\_\_\_\_ Ever attended a school in BC?  Yes  No

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Type:  Mother  Father  Other, specify: \_\_\_\_\_

Home Address: \_\_\_\_\_ Same as student   
(specify address below if this parent's address is different than the student's address)

Street City Prov Postal Code

Home Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work #: \_\_\_\_\_ Ext. \_\_\_\_\_

Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Parent/Guardian Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Type:  Mother  Father  Other, specify: \_\_\_\_\_

Home Address: \_\_\_\_\_ Same as student   
(specify address below if this parent's address is different than the student's address)

Street City Prov Postal Code

Home Phone: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work #: \_\_\_\_\_ Ext. \_\_\_\_\_

Cell #: \_\_\_\_\_

Email address: \_\_\_\_\_

<b>Emergency Contact</b> other than parents (custodial parents will always be contacted first) First Name: _____ Last Name: _____ Relationship to student: _____ Home #: _____ Cell #: _____ Work #: _____ Ext _____ Email address: _____ Can this contact pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Emergency Contact</b> other than parents (custodial parents will always be contacted first) First Name: _____ Last Name: _____ Relationship to student: _____ Home #: _____ Cell #: _____ Work #: _____ Ext _____ Email address: _____ Can this contact pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Before/After School Care: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**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

If the student has a life-threatening health condition, **please arrange to meet with the school principal prior to the student attending school.**  
 The life-threatening health conditions that apply to this student are:

Anaphylactic - Allergen(s): \_\_\_\_\_  
 Asthma that has resulted in hospitalization in the past year \_\_\_\_\_  
 Blood Clotting Disorder (e.g. haemophilia) \_\_\_\_\_  
 Diabetes \_\_\_\_\_  
 Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years \_\_\_\_\_  
 Serious Heart Condition (e.g. heart murmur, heart repair) \_\_\_\_\_  
 Other Health Conditions which may require emergency care - please specify: \_\_\_\_\_

**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, please indicate here:

**Medication Administration:**

I request that the student receive assistance with, or be supervised during, medication administration in an emergency.  
**Please contact school staff to discuss.**

The student requires medications to be administered during school hours for one month or longer.  
**Please contact school staff to discuss.**

Name of Medication(s): \_\_\_\_\_

**Parental Authority for Regular School Journeys**

I give my permission for this student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken.

I prefer to give separate written permission for each field trip that this student will attend.

\_\_\_\_\_  
 Signature of Parent/Guardian Date

The school has a Parent Advisory Council (PAC) that represents the parents and engages in activities in support of the school. The school PAC is a member of the Victoria Confederation of Parent Advisory Councils (VCPAC) . The school will make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC and to VCPAC for contact purposes.

**I give permission for the release of my name, home phone number, mailing address, and the student's name and grade to the school PAC  and to VCPAC .** (Check each box to indicate that permission is given for each and then provide a signature below.)

\_\_\_\_\_  
 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. The information provided will be used for educational program 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 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 your school principal.*