Okanagan Similkameen SD53

Student Registration Form

School Name: _____

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS: Please provide the following information in full. Accuracy of the information you provide will ensure that our files are up to date and correct. All information provided on this form is collected under the authority of the *School Act, Section 13 and 79*. The information provided will be used for educational programs and administration 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 collected on this form will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act* and the *School Act*.

Registration Date:	**Student #:**
School Entry Date:	**PEN:**

STUDENT INFORMATION (Please Print)	
Legal First Name:	Usual First Name
Legal Middle Name(s):	Usual Middle Name(s):
Legal Last Name:	Usual Last Name:
Home Phone:	Legal Gender (Please circle one): Male / Female
Student Cell Phone:	Gender Identity:
Homeroom: Teacher:	Pronouns:
Home Language:	Date of Birth (Month/Day/Year):
Grade:	Proof of Age:
Enrollment Status:	Care Card:

STUDENT ADDRESS		
Street Address:		*Mailing Address is Identical:* ☐
PO Box #:		
City:	Province:	Postal Code:

ALERTS

Legal:
- ☐ Temporary or Permanent Custody Orders – Copies Received
- ☐ MCF Custody Orders – Copies Received
- ☐ Other – Copies Received

Notes:

Medical: ☐ Life Threatening – Details: _____

_____

☐ Non-Life Threatening – Details: _____

_____

SPED: Y / N Designation: Details:

PLEASE NOTE: In the case of custody issues please ensure that your school principal is made aware of custody and access information relevant to your child and that legal documentation is provided (if applicable). These issues may be discussed with the principal at any time and will be kept confidential within the school.

CITIZENSHIP / PERMISSIONS

☐ Citizenship Canadian ☐ Permanent Resident ☐ Work Permit ☐ Refugee ☐ Other: _____

Permissions Received:
- ☐ Emails – Send/Receive
- ☐ Photo Release
- ☐ Permission to travel within SD53 boundaries
- ☐ Internet Access

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School Name: _____

LANGUAGE AND CULTURE
Indigenous Ancestry: ☐ Metis ☐ Non-Status ☐ Status Off Reserve ☐ Status on Reserve
Band of Residence: _____ Status Card Number _____
☐ Parent has received the Application for Indigenous Support (updated annually)

PREVIOUS SCHOOL INFORMATION	
School Name:	*School Phone:*
Contact Name:	*Last Grade Attended:*

PARENT / GUARDIAN	
CONTACT INFORMATION:	
Parent #1 (Title/Relationship):	**Parent #2 (Title/Relationship):**
First Name:	First Name:
Last Name:	Last Name:
Address (if different from student) PO Box #: Street Address: City: Province: Postal Code:	Address (if different from student) PO Box #: Street Address: City: Province: Postal Code:
Home #: Cell #:	Home #: Cell #:
Email:	Email:
ORDINARILY RESIDENT IN BC:	
Provide 2 of the following: ☐ BC driver's license ☐ BC care card (photo version with address) ☐ Property Tax Notice ☐ Tenancy/long term lease agreement ☐ Utility bill/phone bill ☐ Ownership of principal dwelling ☐ Insurance policy ☐ Other address Specific identification _____	
Emergency Priority # (Office Use)	*Emergency Priority # (Office Use)*
Emergency Contact #1:	**Emergency Contact #2:**
Name:	Name:
Phone #:	Phone #:
Relationship:	Relationship:
Parental Authority/Guardians Yes ☐ No ☐	Parental Authority/Guardians Yes ☐ No ☐
In District Siblings:_____	

TRANSPORTATION – Bus Transportation required Y / N (if Yes, Complete Bus Registration Form)			
Bus Route and Stop #	*Pickup Time (morning)*	*Arrival Time (afternoon)*	*Stop Description / Landmark*

By signing this Application for Registration, I, (print name) _____, attest that I am the legal parent ☐ or legal guardian ☐ of the above student and I authorize the previous school to forward all student records to this school.

_____ _____

Parent/Guardian Signature Date