



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: _____ In Catchment Regular Program
 _____ dd-mmm-yyyy Out of Catchment French Immersion
 Out of District Pre-Employment
 New Student Graduated International Studies
 Returning Student Adult (born before July 1, 1987) ESL Program
 Student Transfer Special Ed Program/Designation

Immigration Status:
 Canadian Citizen Public Health Nurse notified of any life-threatening health condition.
 Out of Prov. Cdn - Funding Not Eligible Previous School Contacted
 Permanent Resident/Landed Immigrant Birth Certificate Verified
 International - Funding Not Eligible

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: _____ - _____ - _____ Proof of Age:
 dd - mmm - yyyy 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: _____ **Mailing Address: (if different from Property/Home Address)** _____
 Street: _____ Street: _____
 City/Town: _____ City/Town: _____
 Province: _____ Province: _____
 Postal Code: _____ 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?
If yes, please provide a copy of the court order.
Additional comments: _____

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
 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

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.