

**For Office Use Only**

Information Verified by (Staff Name): \_\_\_\_\_

**Staff  
Initial**

**CATCHMENT SCHOOL:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- 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 Age:**

- Birth Certificate
- Certificate of citizenship
- Immigration Canada documents
- Passport
- Permanent Resident Card\*
- Aboriginal Status Card
- Driver's License (if over 19)

**Proof of Residency:**

- Driver's License
- Rental Agreement
- Municipal Tax Bill
- Utility Bill
- Parent's Care Card
- Parent's BC Services Card

**Proof of Physical Address (catchment area schools only):**

- Driver's License
- Proof of Purchase of Residence
- Municipal Tax Bill
- Notary Authorized Letter
- Rental Agreement, accompanied with:  
  - Hydro,  Gas,  Cable or  Telephone Bill
  - Mortgage Statement

**STUDENT INFORMATION:**

Legal Last Name: \_\_\_\_\_ Usual Last Name: \_\_\_\_\_  
 Legal First Name: \_\_\_\_\_ Usual First Name: \_\_\_\_\_  
 Legal Middle Name: \_\_\_\_\_ Usual Middle Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Legal Gender:  M  F / Preferred:  M  F  Transgender  
(DD-MM-YYYY) (If Applicable)  
 Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
 Student Email (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
Apt #, Street Name City Province/Postal Code

Mailing Address if different from above: \_\_\_\_\_

**CITIZENSHIP:** Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

**LANGUAGE:** At Home \_\_\_\_\_ Most Used \_\_\_\_\_ First \_\_\_\_\_

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

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

Band of Origin: \_\_\_\_\_ Band of Residence: \_\_\_\_\_

**PREVIOUS SCHOOL:** \_\_\_\_\_ **District #:** \_\_\_\_\_ **City:** \_\_\_\_\_

Has student ever attended a **Mission school or StrongStart Program**  YES  NO Name of School: \_\_\_\_\_

**MEDICAL:** Care Card Number: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student has potentially life threatening condition. Details: \_\_\_\_\_

*Please arrange a meeting with the school Principal if the student has a medically diagnosed life-threatening condition.*

**To be filled out by Principal or designate when a life threatening medical condition exists:**  Doctor's Note Requested  
 Doctor's Note Received

**SPECIAL NEEDS or LEARNING CONSIDERATIONS:**

**Identified Learning Needs / Special Needs:**  Yes  No **Specify:** \_\_\_\_\_

Student currently has an **Individualized Education Plan (IEP):**  Yes  No If yes, current designation(s): \_\_\_\_\_

Other information: \_\_\_\_\_

## PARENTS(GUARDIANS) & CONTACTS

**Parent/Guardian #1:** Relationship: \_\_\_\_\_

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Living with Student:  Yes  No Has Custody:  Yes  No

Can pick up?:  Yes  No Speaks English: :  Yes  No

Address if different: \_\_\_\_\_

**CUSTODY** Are there any legal documents in force re:

Custody/Guardianship/Access  Yes  No

If yes, have you provided the school with a copy of these legal documents?  Yes  No

**Parent/Guardian #2:** Relationship: \_\_\_\_\_

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Living with Student:  Yes  No Has Custody:  Yes  No

Can pick up?:  Yes  No Speaks English: :  Yes  No

Address if different: \_\_\_\_\_

**CUSTODY – if Agency Representative (eg. MCFD):**

Continuing Custody Order  Temporary Custody Order

If yes, have you provided the school with a copy of these legal documents?  Yes  No

### **EMERGENCY CONTACT INFORMATION:**

**Contact #3:** Relationship: \_\_\_\_\_

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Can pick up?:  Yes  No Speaks English: :  Yes  No

### **(Other than Parents / Guardians)**

**Contact #4:** Relationship: \_\_\_\_\_

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

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

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Can pick up?:  Yes  No Speaks English: :  Yes  No

### **SIBLING INFORMATION**

**Sibling #1** Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_

School: \_\_\_\_\_

**Sibling #3** Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_

School: \_\_\_\_\_

**Other Notes or Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sibling #2** Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_

School: \_\_\_\_\_

**Sibling #4** Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_

School: \_\_\_\_\_

**I verify that the information contained in this registration is accurate and complete.**

Parent/Guardian Name (Please print): \_\_\_\_\_

Parent/Guardian Signature (if student is under 19): \_\_\_\_\_ Date \_\_\_\_\_

*The information on this form is collected under the authority of the School Act, Sections 13 & 79; and may be used by the District for Ministry of Education reporting; demographic, enrolment, budget facility and operational analysis. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.*