



Student Registration Form
School District No. 64 (Gulf Islands)
112 Rainbow Road, Salt Spring Island, BC V8K 2K3
Telephone: 250-537-5548 or 1-855-481-5548 Fax: 250-537-4200

StrongStart Kindergarten Grade 1 to 12 Late Fr Immersion (Gr. 6 entry)
Fr Immersion (Gr. 9 to 12) Nature / Ecological Learning Partner Program SEEC MYSEEC

Please bring student's original Birth Certificate or Passport AND Proof of Residency with this form to the school.

School requested: _____ Entering Grade: _____
Application Date: _____ Time: _____

STUDENT INFORMATION

Legal Name: _____
Last First Middle

Usual Name: _____
Preferred Last Preferred First Preferred Middle

Gender: Male Female Preferred Birthdate (mm-dd-yyyy): _____ Out-of-Catchment: Yes No
Out-of-District: Yes No

Street Address: _____
Mailing Address (if different from street address): _____
City: _____ Postal Code: _____

Home Phone: _____ Unlisted: Yes No Bus Student: Yes No Water Taxi Student: Yes No
Language at Home: _____ Student's First Language: _____

Birthplace: _____ Citizenship: _____
City / Province / Country Documents required if other than Canadian

Aboriginal Ancestry: Inuit Metis Non-status Status on Reserve Status off Reserve

TRANSFER INFORMATION – Previous School

School District: _____
School Name and Address: _____
Phone Number: _____ Year: _____ Grade: _____

PARENT / GUARDIAN

Name: _____
Last First

Preferred Name: _____
Last First

Preferred Title: Mr / Miss / Mrs / Ms / Dr: _____

Relationship: _____ Home Phone: _____ Unlisted: Yes No
(Legal document required)

Place of Employment: _____ Work Phone: _____ ext. _____ Available at work: Yes No

Cell Phone: _____ Email Address: _____

PARENT / GUARDIAN

Name: _____
Last First

Preferred Name: _____
Last First

Preferred Title: Mr / Miss / Mrs / Ms / Dr: _____

Relationship: _____ Home Phone: _____ Unlisted: Yes No
(Legal document required)

Place of Employment: _____ Work Phone: _____ ext. _____ Available at work: Yes No

Cell Phone: _____ Email Address: _____

PARENT / GUARDIAN

Name: _____
Last First

Preferred Name: _____
Last First

Preferred Title: Mr / Miss / Mrs / Ms / Dr: _____

Relationship: _____ Home Phone: _____ Unlisted: Yes No
(Legal document required)

Place of Employment: _____ Work Phone: _____ ext. _____ Available at work: Yes No

Cell Phone: _____ Email Address: _____

**Student Registration Form
School District No. 64 (Gulf Islands)**

CUSTODY

Student Lives With: Both Parents Other: _____
 (Please specify relationship to student)

Custody: Both Parents Other: _____
 (Please specify relationship to student)

If you check "Other", please provide documentation.

Legal document is required if there is a custody issue.

SIBLINGS (Legal Last, Legal First)	Gender	Date of Birth (mm-dd-yyyy)	Grade	School

EMERGENCY CONTACTS	Can pick up student. Please list in order of priority.	Telephone Number
	Relationship: _____	
	Relationship: _____	
	Relationship: _____	
	Relationship: _____	

MEDICAL INFORMATION: Please mark the box that applies if your child has one of the following serious medical conditions that may require emergency care during school hours – **911 will be called.**

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy with a history of seizures in the past two (2) years |
| <input type="checkbox"/> Allergy producing anaphylactic type response needing hospitalization. Specify: _____ | <input type="checkbox"/> Blood clotting disorders (e.g., haemophilia that requires immediate medical care in the event of injury) |
| <input type="checkbox"/> Adrenalin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Severe asthma requiring emergency treatment | _____ |

Doctor: _____
Last
First

Phone: _____ Care Card Number: _____

Does your child routinely require medication during school hours? Yes No

Special medical instructions: _____

SPECIAL EDUCATION

- Student requires special education services? _____
- Student requires an IEP (Individual Education Plan) _____
- Student has Ministry designation (specify) _____
- Other _____

The information on this form is collected under the authority of the *School Act*, Sections 13 and 97. Information provided will be used for educational program purposes and, when required, may be provided to health services, social services, or other support services as outlined in Section 79(2) of the *School Act*. Information on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the principal of your school.

I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.

Parent / Legal Guardian Signature: _____ Date: _____

Office Use Only

Date Received: _____ Time: _____

MyEducationBC Pupil Number: _____ Ministry PEN Number: _____

Proof of Age: Birth Cert. Citizenship Passport Driver's Licence Other: _____

MyEducationBC Admitted:

Field Trip Internet Use Photo Release Year of Graduation (YOG) _____