



P500: Appendix III - Student Registration Form

School District 70 Pacific Rim

School:

Grade:

Program:

StrongStart

Kindergarten

Grade 1 to 12

Early French Immersion

STUDENT INFORMATION

Legal Last Name:

Home Phone:

Legal First Name:

Student Email:

Legal Middle Name:

Street Address:

Usual Last Name:

City:

Usual First Name:

Prov, Postal Code:

Gender at Birth: M F X DOB:

Mailing Address:

Gender Identity:

City:

Personal Health #:

Prov, Postal Code:

Citizenship:

Visa Status:

Expiry Date:

Previous School:

District:

City:

PARENT/GUARDIAN INFORMATION

Name (last, first):

Street Address:

Relationship:

Mailing Address:

Can Pick Up:

City:

Lives with Student:

Prov, Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Receive Mailings: Receive Email:

Receive Autodialer Calls:

Has Portal Access:

PARENT/GUARDIAN INFORMATION

Name (last, first):

Street Address:

Relationship:

Mailing Address:

Can Pick Up:

City:

Lives with Student:

Prov, Postal Code:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Receive Mailings: Receive Email:

Receive Autodialer Calls:

Has Portal Access:

EMERGENCY CONTACTS	Relationship	Home Phone	Work Phone	Cell Phone
1.				
2.				
Daycare Contact:				
Can Pick up Student: Yes No				
SCHOOL-AGED SIBLINGS (Legal Names)	Grade	School		
CUSTODY/GUARDIANSHIP - PROOF REQUIRED IF APPLICABLE				
Student Lives With:		Other:		
<i>(relationship to student)</i>		<i>(relationship to student)</i>		
Custody:		Other:		
<i>(relationship to student)</i>		<i>(relationship to student)</i>		
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.				
Diabetes		Epilepsy with a history of seizures in the past two (2) years		
Allergy producing anaphylactic type response needing hospitalization. Allergic to:		Blood clotting disorders (e.g. Haemophilia that requires immediate medical care in the event of an injury)		
Adrenalin		Other:		
Severe asthma requiring emergency treatment				
Doctor:		Phone:		
Does your child routinely require medication during school hours? Yes No				
<i>(if yes, please fill out Medication Administration Form)</i>				
INDIGENOUS ANCESTRY	(If yes, please complete this section)			
Status on Reserve	Status off Reserve	Non-status		
Metis	Inuit	Status Card #		
Community of Origin:		Community of Residence:		

EDUCATION PROGRAM INFORMATION: Please mark the appropriate box should your child be receiving additional educational supports and services

Student has a Ministry of Education Special Education designation and has been on an Individualized Educational Plan (IEP)

Student has been receiving regular Learning Assistance and/or ELL support

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.

Parent / Legal Guardian Signature:

Date:

Office Use Only

Date Received:

Time:

Copies obtained:

Birth Cert.

Citizenship

Passport

Driver's License

Status Card

BC Care Card

Other:

Internet Use Agreement

Photo Release

Medication Form

Speech-Language Screening (Elem only)

MyEdBC Number:

Ministry PEN Number:

Ministry Special Ed Designation if applicable:

Current IEP provided:

Yes

No

Notes: