



SCHOOL DISTRICT NO. 46 (Sunshine Coast)

STUDENT REGISTRATION FORM School: _____

PLEASE PRINT CLEARLY

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	LEGAL Family Name	LEGAL First Name	LEGAL Middle Name	No Legal Middle Name <input type="checkbox"/>
USUAL Family Name(s) (if different)		PREFERRED First Name (if different)	PREFERRED Middle Name (if different)	
Birth Date ____ - ____ - ____ dd mmm yyyy		Age	For Office Use Only PROOF OF LEGAL NAME & AGE Staff Initials _____	
Home Phone ()	Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	Entering Grade _____	<input type="checkbox"/> BC Identification <input type="checkbox"/> Court Order <input type="checkbox"/> Vital Statistics Documents	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport
Home Address Street No. Street Name		Apt. No.	City	Prov BC Postal Code
For Office Use Only PROOF OF ADDRESS <input type="checkbox"/> Credit Card Invoice <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill				
Mailing Address if different from Home Address Street No. Street Name Apt. No. City Prov Postal Code				
Ever attended a BC School <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous District	Previous School or StrongStart Centre	Previous School Prov	Previous School Country
Previous School Phone (if known) ()		Previous School Fax No. (if known) ()		
Name of sibling(s) at this school _____				
BIRTHPLACE Country of Birth: _____ Prov. of Birth: _____		For Office Use Only - CITIZENSHIP <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible <input type="checkbox"/> International Funding Eligible <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International Funding Not Eligible		Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____
PLEASE INDICATE IF THE STUDENT HAS ABORIGINAL ANCESTRY <input type="checkbox"/> Aboriginal <input type="checkbox"/> First Nations Status <input type="checkbox"/> First Nations Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit				

CUSTODY <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> COURT ORDER (copy in student file) <input type="checkbox"/> Other (specify) _____			LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> MOTHER or <input type="checkbox"/> STEPMOTHER or <input type="checkbox"/> LEGAL GUARDIAN			<input type="checkbox"/> FATHER or <input type="checkbox"/> STEPFATHER or <input type="checkbox"/> LEGAL GUARDIAN		
Last Name		First Name	Last Name		First Name
Address (if not living with student)			Address (if not living with student)		
Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No			Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone ()	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()	Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone ()	Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone ()	Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cell Phone ()	Pager		Cell Phone ()	Pager	
Email Address			Email Address		

Family Doctor's Name	Doctor's Phone ()	STUDENT'S CARE CARD NO
HEALTH FACTORS Check if applicable <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other Additional Information: _____		Are any of these conditions LIFE THREATENING? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____
Other Health Conditions which may require emergency care – please specify. _____		
<input type="checkbox"/> The student requires medication to be administered during school hours for one month or longer . Please contact school staff to discuss and to plan. Name of Medication(s) _____		

EMERGENCY CONTACTS - If parents cannot be reached			Home Phone ()	
First Contact	First Name	Relationship to student	Work Phone ()	Cell Phone ()
Second Contact			Home Phone ()	
Last Name	First Name	Relationship to student	Work Phone ()	Cell Phone ()

SPECIAL LEARNING CONSIDERATIONS	Ministry Designation - Special Needs Category (if known):
_____	_____
_____	_____

I certify that the above information is correct and valid as of _____ Date _____ Signature of Parent or Legal Guardian

Additional Information, Permissions and Signature
If at any time in the future you wish to rescind or give permission in any of the areas below, please contact your child's school.

<p>Media Disclaimer</p> <p>The information on this form is collected under the authority of the <i>School Act</i> Section 79. The information 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 <i>School Act</i>. Your child's name and/or photo may also be published in a school newsletter, yearbook or other school publication, including electronic communication. Information will not be released to anyone for solely business or commercial purposes.</p> <p>Please check the statement that expresses whether you wish your child to be involved in such coverage.</p> <p><input type="checkbox"/> I give permission for my child, _____ to be involved in media coverage.</p> <p><input type="checkbox"/> I DO NOT give permission for my child, _____ to be involved in media coverage.</p>	<p>Parent Advisory Committee</p> <p>The school has a Parent Advisory Committee (PAC) that represents the parents and engages in activities in support of the school, including fundraising. The school will normally make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC for contact purposes.</p> <p>Please check the applicable statement below.</p> <p><input type="checkbox"/> I give permission for the release of my name, home phone number, mailing address and my student's name and grade to the school PAC.</p> <p><input type="checkbox"/> I DO NOT give permission for the release of my name, home phone number, mailing address and my student's name and grade to the school PAC.</p>
Signature of Parent _____	Date _____

FOR OFFICE USE ONLY					
BCeSIS No.	School No.	School Name	Address Verified <input type="checkbox"/> Yes	Division	Teacher
Admission Reason: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Student Transfer <input type="checkbox"/> Graduated <input type="checkbox"/> Adult -19 yrs or older		Program Type <input type="checkbox"/> Regular <input type="checkbox"/> International		Catchment <input type="checkbox"/> Out of Catchment <input type="checkbox"/> Out of District	
Admission Date: _____ - _____ - _____ dd mmm yyyy		First Date of Attendance (if different) _____ - _____ - _____ dd mmm yyyy			
Student File <input type="checkbox"/> Requested <input type="checkbox"/> Teacher for Review <input type="checkbox"/> Received <input type="checkbox"/> Filed		Copies for file: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested			