



SCHOOL DISTRICT NO. 8 (KOOTENAY LAKE)
STUDENT REGISTRATION FORM

S.1
Rev. June 2008

OFFICE USE ONLY: MUST BE COMPLETED PRIOR TO ADMISSION

Student Grade Level: \_\_\_\_\_ Admission Date: \_\_\_\_\_ Residency: \_\_\_\_\_ Programs: \_\_\_\_\_
Homeroom: \_\_\_\_\_ Registration Date: \_\_\_\_\_ dd-mmm-yyyy
New Student, Returning Student, Student Transfer, Graduated, Adult (born before July 1, 1987)
Immigration Status: Canadian Citizen, Out of Prov. Cdn - Funding Not Eligible, Permanent Resident/Landed Immigrant, International - Funding Not Eligible
Public Health Nurse notified of any life-threatening health condition, Previous School Contacted, Birth Certificate Verified

Previous School: \_\_\_\_\_ Kindergarten Session Preferred: \_\_\_\_\_
Previous School/PreSchool or DayCare Contact: \_\_\_\_\_ AM
Grade at Previous: \_\_\_\_\_ PM
Previous District: \_\_\_\_\_ Reason: \_\_\_\_\_

STUDENT INFORMATION

Legal Last Name: \_\_\_\_\_ Usual Last Name: \_\_\_\_\_
Legal First Name: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_
Legal Middle Name: \_\_\_\_\_ Preferred Middle Name: \_\_\_\_\_
Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ dd - mmm - yyyy
Gender: Male, Female
Proof of Age: BC Identification, Immigration Canada Documents, Birth Certificate, Permanent Resident Card, Certificate of Citizenship, Passport, Court Order, Vital Statistics Documentation, Drivers' License
Home Phone: \_\_\_\_\_ Unlisted

Property/Home Address:

Street: \_\_\_\_\_
City/Town: \_\_\_\_\_
Province: \_\_\_\_\_
Postal Code: \_\_\_\_\_

Mailing Address: (if different from Property/Home Address)

Street: \_\_\_\_\_
City/Town: \_\_\_\_\_
Province: \_\_\_\_\_
Postal Code: \_\_\_\_\_

Immigration

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: \_\_\_\_\_

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

Above information can be used for emergency contact? Yes No

Do you have a specific custody arrangement we should know about?

Yes No

If yes, please provide a copy of the court order.

Additional comments: \_\_\_\_\_

**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**

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.**

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:

- 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.*