



School Admission/Registration Form for School Year: 2010 - 2011

Office Use Only:

Pupil No. _____

OFFICE USE ONLY

Student Grade Level: Admission Date: Residency: Programs:
Homeroom/TA: Registration Date:
New Student Returning Student Student Transfer
Graduated Adult (born before July 1, 1991)
Previous School:
Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant
Out of Prov Cdn - Funding Not Eligible International - Funding Not Eligible
Public Health Nurse has been notified of life-threatening health condition.

Students without Canadian citizenship, Permanent Resident/Landed Immigrant status or International Student status must apply to the Director, International Student Program, for admission.

Previous School: Grade: Name of Sibling(s) at this School:
Grade 12 completion at School in the year

Usual Last Name: Legal Last Name:
Preferred First Name: Legal First Name:
Preferred Middle Name(s): Legal Middle Name(s):
Birth Date: Gender: Female Male
Check this box to indicate that the student has no Legal Middle Name:
Proof of Age: BC Identification Birth Certificate Certificate of Citizenship Court Order Drivers License
Immigration Canada Documents Permanent Resident Card Vital Statistics Documentation Passport
Home Phone: Unlisted
Property/Home Address: Street Address City Province Postal Code
Mailing Address same as Property/Home Address: Proof of Address: Credit Card Invoice Drivers License Mortgage Statement
Municipal Tax Bill Rental Agreement Utility Bill
Specify Mailing Address if different from Property/Home Address
Mailing Address: Street Address City Province Postal Code

Birthplace: City Province Country
First Language: Language used at home: Language most used:
Aboriginal Status: Yes No
Metis Inuit Status-on reserve Status-off reserve
Band Name: Band Number:
Band of Residence: Songhees Esquimalt Other (please specify)

Parent Information
Last Name: First Name:
Parent Type: Mother Father Other:
Home Address: Living with student
(specify address below if this parent is NOT living with the student)
Street City Prov 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

Parent Information
Last Name: First Name:
Parent Type: Mother Father Other:
Home Address: Living with student
(specify address below if this parent is NOT living with the student)
Street City Prov 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

Emergency Contact

Last Name: _____ First Name: _____

Relationship to student: _____

Home Address: _____

Street	City	Prov	Postal Code
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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	Prov	Postal Code
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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

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

If the student has a life-threatening health condition, **please arrange to meet with the school principal prior to the student attending school.**

The life-threatening health conditions that apply to this student are:

Anaphylactic or Severe Allergies to food or insect stings Allergen(s): _____

Asthma that has resulted in hospitalization in the past year _____

Blood Clotting Disorder (e.g. haemophilia) _____

Diabetes _____

Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years _____

Serious Heart Condition (e.g. heart murmur, heart repair) _____

Other Health Conditions which may require emergency care - please specify: _____

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 for one month or longer. **Please contact school staff to discuss.**

Name of Medication(s): _____

Parental Authority for Regular School Journeys

I give my permission for this student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken.

I prefer to give separate written permission for each field trip that this student will attend.

Signature of Parent/Guardian

Date

Parental Authority for Accessing Electronic Communication Systems

In accordance with Regulation 5131.9 *Student Acceptable Use of Electronic Communications Systems in Schools*,

I grant permission

I do not grant permission.

I understand that a copy of the regulation is available in the school office.

Signature of Parent/Guardian

Date

I certify that the information I have provided on this form is correct:

Signature of Parent/Guardian

Date

The school has a Parent Advisory Council (PAC) that represents the parents and engages in activities in support of the school. The school PAC is a member of the Victoria Confederation of Parent Advisory Councils (VCPAC). 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 and to VCPAC for contact purposes.

I give permission for the release of my name, home phone number, mailing address, and the student's name and grade to the school PAC and to VCPAC . (Check each box to indicate that permission is given and then provide a signature below.)

Signature of Parent/Guardian

Date