

STUDENT INFORMATION:

Legal Last Name: _____

Legal First Name: _____

Legal Middle Name: _____

Usual Last Name: _____

Usual First Name: _____

Usual Middle Name: _____

Legal Gender: M F / Preferred: M F Transgender
(If Applicable)

Birth Date: _____ Age: _____

Home Phone No. _____

Student Email (if applicable): _____

Office Use Only: For Current Year Start Date: _____

For Next Year

Date of Registration: _____ Current / Next Grade: _____

Time of Registration: _____

Proof of Age Received (Passport, Birth Certificate etc.)

Proof of Parent/Guardian Residing in BC Received
(ex. BC Services Card, Care Card, Driver's License)

Proof of Home Address (for catchment purposes)

Cross Boundary

Yes Name of Catchment School: _____

No

HOUSE ADDRESS:

Apt #, Street Name City Province/Postal Code

Mailing Address if different from above: _____

Previous School: _____ **District #:** ____ **City:** _____

Has student ever attended a Mission school Yes No If Yes, Name of School:
or StrongStart Program Yes No or Name of StrongStart:

MEDICAL INFORMATION:

Doctor's Name: _____ Phone: _____ Personal Health Number: _____

Student has potentially life threatening condition as indicated:

- Anaphylaxis (Extreme Allergic Reaction) Severe Asthma Seizure Disorder Diabetes
 Blood Clotting Disorder Serious Heart Condition Other (Please describe in details below):

Details: _____

Please arrange a meeting with the school Principal if the student has a medically diagnosed life-threatening condition.

To be filled out by Principal or designate when a life threatening medical condition exists:

- Doctor's Note Requested Doctor's Note Received

Other **Non-Life Threatening** Medical Conditions: _____

CITIZENSHIP Country of Birth: _____ Citizen of: _____ Immigration Status: _____

LANGUAGE At Home _____ Most Used _____ First _____

ABORIGINAL ANCESTRY: Inuit Metis Non-Status Status-Off Reserve Status-On Reserve

Band of Origin: _____ Band of Residence: _____

SPECIAL NEEDS or LEARNING CONSIDERATIONS:

Identified Learning Needs/Special Needs: Yes No **Diagnosis:** _____

Student currently has an **Individualized Education Plan (IEP):** Yes No **Designation:** _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN INFORMATION #1

Contact #1 (*Lives with Student*):

Relationship: _____
(parent: Mother/Father/Step Parent or Guardian)

Last Name: _____

First Name: _____

Cell Ph: _____ Work Ph: _____

Email: _____

PARENT/GUARDIAN INFORMATION #2

Contact #2 (*Lives with Student*):

Relationship: _____
(parent: Mother/Father/Step Parent or Guardian)

Last Name: _____

First Name: _____

Cell Ph: _____ Work Ph: _____

Email: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT #4

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

EMERGENCY CONTACT #5

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

PARENT/GUARDIAN INFORMATION #3 (Not living with)

Contact #3 (*Does NOT Live with Student*):

Relationship: _____
(parent: Mother/Father/Step Parent or Guardian)

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

Email: _____

CUSTODY (If applicable):

Are there any legal documents in force regarding custody:

Custody/guardianship/access Yes No

If yes, have you provided the school with a copy of these legal documents? Yes No

Details:

CUSTODY (if Agency Representative eg.: MCFD):

Continuing Custody Order

Temporary Custody Order

EMERGENCY CONTACT #6

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

OUT OF DISTRICT CONTACT

Relationship: _____

Last Name: _____

First Name: _____

Home Ph: _____ Cell Ph: _____

Work Ph: _____

SIBLING INFORMATION

Legal Last Name _____
 Legal First Name _____

Gender: Male Female Transgender
 Birthdate: _____
 Relationship to Student: _____

Legal Last Name _____
 Legal First Name _____

Gender: Male Female Transgender
 Birthdate: _____
 Relationship to Student: _____

Legal Last Name _____
 Legal First Name _____

Gender: Male Female Transgender
 Birthdate: _____
 Relationship to Student: _____

Legal Last Name _____
 Legal First Name _____

Gender: Male Female Transgender
 Birthdate: _____
 Relationship to Student: _____

Legal Last Name _____
 Legal First Name _____

Gender: Male Female Transgender
 Birthdate: _____
 Relationship to Student: _____

Other Notes Or Comments:

Please note: NO registration form will be active UNTIL the registration form and information required (below) is presented to the school secretary (in person, at the school), and the "Office Use Only" portion of the form is filled out by the school secretary.

- ✓ **Proof of age** is required at time of registration: Birth Certificate, Passport, Permanent Residence Card, BC Services Card (photo version only), Aboriginal Status Card, Certificate of Citizenship or Immigration Canada document. **Note:** The BC Care Card is not acceptable proof of age
- ✓ **Proof of Residency in BC**
 - Parent's Care Card (not student's) or Parent's BC Services Card (not student's)
 - Driver's License
 - Municipal Tax Bill
 - Rental Agreement
 - Utility Bill
- ✓ **Proof of Physical Home Address (for Neighbourhood - catchment area schools):**
 - Note: Driver's license, proof of purchase of residence, municipal tax bill, letter stating current address notarized by a lawyer or notary public, rental agreement (accompanied with a gas, cable, telephone or hydro bill), credit card invoice, or mortgage statement.

I verify that the information contained in this registration is accurate and complete.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date _____

The information on this form is collected under the authority of the School Act, sections 13 and 97. 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 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.