

**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.*