

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 #2Contact #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:

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.