

# K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?

YES  NO



**FOR OFFICE USE ONLY:** (Please ensure Proof of Age and Residency are provided and initial in allocated area)

**CATCHMENT SCHOOL:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **STAFF INITIALS**

**Information Verified By (Staff Name):** \_\_\_\_\_

**Current Year:** Enrollment Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Next Year:** Date of Registration: \_\_\_\_\_ Time of Registration: \_\_\_\_\_ Current/Next Grade: \_\_\_\_\_

**Cross Boundary:**  YES  NO **If YES, Name of Cross Boundary School Requested:** \_\_\_\_\_

## REGISTRATION DOCUMENTATION:

Proof of Age:	Proof of Residency:	Proof of Physical Address ( <i>catchment area schools only</i> ):
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License (if over 19)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Parent's Care Card <input type="checkbox"/> Parent's BC Services Card	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas <input type="checkbox"/> Cable <b>OR</b> <input type="checkbox"/> Phone Bill <input type="checkbox"/> Mortgage Statement

## TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):

### STUDENT INFORMATION:

**LEGAL Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**USUAL Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Legal Gender:**  M  F / **Preferred Gender:**  M  F  Other  
(DD-MM-YYYY)

**Phone(s)/Email:** \_\_\_\_\_  
(Student Home) (Student Cell) (Student Work – if applicable) (Student Email)

**Address:** \_\_\_\_\_  
(Apt. #, Street Name) (City) (Province, Postal Code)

**Mailing Address (if different from above):** \_\_\_\_\_

### CITIZENSHIP:

**Country of Birth:** \_\_\_\_\_ **Citizen of:** \_\_\_\_\_ **Immigration Status:** \_\_\_\_\_

### LANGUAGE:

**First Language:** \_\_\_\_\_ **Used at Home:** \_\_\_\_\_ **Most Used:** \_\_\_\_\_

### INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:

Inuit  Metis  Non-Status  Status-Off Reserve  Status-On Reserve

**Band of Origin:** \_\_\_\_\_ **Band of Residence:** \_\_\_\_\_

### FORMER SCHOOL / STRONGSTART:

**Name of Former School:** \_\_\_\_\_ **School District #:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Has student ever attended a Mission School or StrongStart Program?**  NO  YES: **School Name:** \_\_\_\_\_

### MEDICAL:

**Care Card Number:** \_\_\_\_\_ **Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Student has potentially life-threatening condition. Provide Details: \_\_\_\_\_

**DISABILITIES and/or DIVERSE LEARNING NEEDS (please provide any applicable documentation):**Identified Disability and/or Diverse Need(s)  NO  YES. If Yes, Please Provide Details:Student currently has an **Individualized Education Plan (IEP)**  NO  YES: If YES, Current Designations(s): \_\_\_\_\_

Other Information: \_\_\_\_\_

**PARENTS/GUARDIANS:****Parent/Guardian #1.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s)/Email: \_\_\_\_\_  
(Home) (Cell) (Work) (Email)Living with Student?  YES  NO / Has Custody?  YES  NO / Can Pick-Up?  YES  NO / Speaks English?  YES  NO

Address if Different from Student's: \_\_\_\_\_

**Parent/Guardian #2.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s)/Email: \_\_\_\_\_  
(Home) (Cell) (Work) (Email)Living with Student?  YES  NO / Has Custody?  YES  NO / Can Pick-Up?  YES  NO / Speaks English?  YES  NO

Address if Different from Student's: \_\_\_\_\_

**CUSTODY:**Are there any legal documents in force re: Custody / Guardianship / Access?  YES  NO

If YES, provide the school with a copy of these legal documents. If you have concerns about the documents, speak with the school principal.

**CUSTODY-Agency Representative: (e.g., MCFD)** Continuing Custody Order  Temporary Custody Order

If YES, provide the school with a copy of these legal documents.

**EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)****Contact #3.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_  
(Home) (Cell) (Work)Can Pick-Up?  YES  NO / Speaks English?  YES  NO**Contact #4.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_  
(Home) (Cell) (Work)Can Pick-Up?  YES  NO / Speaks English?  YES  NO**Contact #5.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_  
(Home) (Cell) (Work)Can Pick-Up?  YES  NO / Speaks English?  YES  NO**I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE.**

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature (if student is under 19): \_\_\_\_\_ Date: \_\_\_\_\_

(DD-MMM-YYYY)