

## SCHOOL DISTRICT NO. 75 (MISSION)

## **HOMESCHOOL (REGISTERED ONLY)**

## **REGISTRATION FORM**

This form is for students who will be <u>registered only</u> under Section 12 of the BC School Act. Registering only will not lead to a BC Dogwood Diploma.

Act. Registering only will not lead to a BC Dogwood Diploma.	
FOR OFFICE USE ONLY: Student Assigned to: Grade	
PEN NoStudent No	
Date of Registration	
Year Month Day	
Proof of Age Photocopied and Verified by:	
Records Requested: Yes No	
Travelling out of Country Proof of BC Residence provided:	
Custody Concern: Yes (Details) Legal Documents Received Yes	\$
Copy of Supporting Documents: Yes	
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**The Ministry of Education requires all registrations in <u>LEGAL</u> names**	
Gender: Male Female	
LEGAL Last Name: LEGAL First Name: Usual Last Name:	
Preferred First Name:LEGAL Middle Name:Preferred Middle Name:	
Date of Birth:Home Phone No:Unliste	ed
Day Month Year	
Student Address:	~ 1
Street Apt. # City/Province Postal C	
Student Mailing Address (if different from above):	
Student E-mail address:	
Previous School attended:Previous City/Town:	
Country of Birth: Province of Birth: Citizen of:	
Immigration Status:	
Home Language: English French Other (indicate other)	
Educational History: Name of lost spherol attended:  Phone Number:	
Name of last school attended: Phone Number: City of last school attended:	——
Last grade completed at this school was:Last month/year attended:	
If registered as a homeschool student, name of program or school student was registered with last year:	
City:	

First Parent/Guardian							
Has Custody:		Student Lives with:	Yes No				
Relationship:Last Name:							
First Name:	Prefix: Mr. Mrs. Miss Ms						
Address if not same as student:							
Business Telephone:	Apt No/Stree		City/Province	Cell Telephone:	Postal Code		
Fax:	Pager:	Email	Address:				
Second Parent/Guardian							
Has Custody:		Student Lives with	: Yes No				
Relationship:		Last Nan	ne:				
First Name:		Prefix	: Mr. Mrs.	Miss Ms			
Address if not same as student:							
Business Telephone:	Apt No/Stree		City/Province	Cell Telephone:	Postal Code		
Fax:	_Pager:	Email	Address:				
I verify that the information con	ntained in this reg	istration is accurate a	and complete.				
Parent/Guardian Name (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.

Date:

Registration accepted by:

Administrator: