

OFFICE USE ONLY					
MyEducation BC Number	P.E.N.	Grade	Date Received	Projected Start Date	
			MONTH DAY YEAR	MONTH DAY YEAR	YEAR
<input type="checkbox"/> Student is Out of Catchment <input type="checkbox"/> Student is In Catchment			<input type="checkbox"/> Records requested _____		

Student's Catchment School is: _____

STUDENT INFORMATION

LEGAL Last Name:	LEGAL First Name:	LEGAL Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
USUAL Last Name (if different):	USUAL First Name (if different):	USUAL Middle Name (if different):	Age:
Birth Date: ____ / ____ / ____ MONTH DAY YEAR	Student Primary (Home) Phone No: () <input type="checkbox"/> check if unlisted	Student Cell Phone No: ()	Student Email:

STUDENT'S PHYSICAL ADDRESS

Street Number:	Street Name:	Apt. No:	City:	Province:	Postal Code:
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STUDENT'S MAILING ADDRESS Same as Physical Address Or complete section below

	City:	Province:	Postal Code:
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Grade Entering:	Previous School (or StrongStart Centre): (Name and City)
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Country of Birth:	Country of Citizenship:	Citizenship Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: Permanent Res/Landed Immigrant or International Student <i>(must be referred to International program)</i>
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Proof of Age: Birth Certificate Passport Other (specify) _____

Proof of Residency: Drivers' Licence Utility Bill Home Purchase/Rental Form Other (specify): _____

Home Language: What language do you speak at home or with Host Family?	Language Most Used: What language do you use most often with friends, family and at school?	First Language: What language did you first learn to speak?
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FOR STUDENTS OF INDIGENOUS ANCESTRY ONLY, PLEASE COMPLETE:

Status On Reserve Status Off Reserve Métis Non-Status Inuit

Indigenous Education Student Identification/Consent Form is completed and attached

Band of Residence (where student is living): _____ Band of Origin: (optional) _____

PARENT INVOLVEMENT IN SCHOOL: Our policy is to encourage involvement of a child's parents in his/her education. It is the registering parent's responsibility to ensure that the parent/guardian information section of the registration form is complete and accurate. If legal papers and/or court documents exist regarding custody, guardianship or limitations placed on the involvement of a parent, please be sure to submit a copy with the registration form. If concerns exist regarding the involvement of a parent, please inform the administration.

CUSTODY: <input type="checkbox"/> Both Parents (Live together) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint (Live apart) <input type="checkbox"/> Other (specify)	
COURT ORDER PROVIDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF COURT ORDER:
If Joint Custody, is the other parent aware of this registration? <input type="checkbox"/> Yes <input type="checkbox"/> No (sign and date below)	
Signature:	Date:

PRIMARY CONTACT 1: LIVES WITH STUDENT? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No			Parental Authority/Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify)					
Last Name:		First Name:		Primary (Home) Phone No:	
				()	
Email Address:			Mailing Address: Same as Below <input type="checkbox"/>		Cell Phone No:
					()
Street Number:	Street Name:		Apt. Number:	City:	
				Province:	Postal Code:

PRIMARY CONTACT 2: LIVES WITH STUDENT? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No			Parental Authority/Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify)					
Last Name:		First Name:		Primary (Home) Phone No:	
				()	
Email Address:			Mailing Address: Same as Below <input type="checkbox"/>		Cell Phone No:
					()
Street Number:	Street Name:		Apt. Number:	City:	
				Province:	Postal Code:

PRIMARY CONTACT 3: LIVES WITH STUDENT? <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No			Parental Authority/Guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify)					
Last Name:		First Name:		Primary (Home) Phone No:	
				()	
Email Address:			Mailing Address: Same as Below <input type="checkbox"/>		Cell Phone No:
					()
Street Number:	Street Name:		Apt. Number:	City:	
				Province:	Postal Code:

EMERGENCY CONTACTS: In the event guardian is not available.		
1st EMERGENCY CONTACT (other than primary contact)		Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Relationship to Student:
Primary (Home) Phone No: ()	Cell Phone No: ()	Work Phone No. & Extension: ()
2nd EMERGENCY CONTACT (other than primary contact)		Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:		Relationship to Student:
Primary (Home) Phone No: ()	Cell Phone No: ()	Work Phone No. & Extension: ()

STUDENT MEDICAL INFORMATION		
Medical Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is it Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Doctor's Name:	Doctor's Phone No: ()	Student's Care Card No:
NOTE: All students must complete the separate health questionnaire and submit with this registration form		

STUDENT SERVICES
Has your child previously received Special Services? <input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLINGS IN DISTRICT 79 SCHOOLS (Optional)				
Brothers and Sisters (Legal First and Last Name)	School	Gender	Date of Birth (day/month/year)	Grade

<p>OFFICE USE ONLY:</p> <p><input type="checkbox"/> Student Health Questionnaire with follow up form(s) as required</p> <p><input type="checkbox"/> Indigenous Education Student Identification/Consent Form</p> <p><input type="checkbox"/> Walking Field Trip Permission</p> <p><input type="checkbox"/> Dismissal of Students for Emergencies</p> <p><input type="checkbox"/> Getting acquainted Kindergarten Survey</p> <p><input type="checkbox"/> Proof of Age (Copy of Birth Certificate)</p> <p><input type="checkbox"/> Proof of Residence</p>
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COMMUNICATION FROM YOUR SCHOOL	<i>Office Use Only: Enter in Send Email & Autodialer Calls</i>
<p>The District would like to send newsletters and notices to parents by phone, email or other electronic message formats about events and activities at your child's school. The messages may include announcements about activities such as hot dog days, fundraising events, photo days or extra-curricular activities. Canada's Anti-Spam Legislation includes these types of offers in their definition of "spam." Before we may send newsletters and notices to you electronically, we need your permission to do so.</p> <p>Do you give us permission? You may withdraw this consent at any time by contacting your school.</p> <p><input type="checkbox"/> Yes, I consent <input type="checkbox"/> No, I do not consent</p>	

MEDIA RELEASE	<i>Office Use Only: Enter in Release of Info/Photos Outside of District</i>
<p>We will do our due diligence to ensure your child's name and photograph are not used in a school or school district-initiated human interest or media story unless we have your expressed permission through this consent form. This includes, for example, when a reporter visits a school, or when district staff take photos or video for the website or for publication. In these circumstances, only children who have permission will be captured.</p> <p>It should be understood, however, that during events that are open to the public your child's photograph may be taken by the media or other parents in attendance and used on public forums like social media. This includes public events like school concerts, sports day, field trips, graduation, etc. The school has no control over children being photographed by others during public events.</p> <p>Please check "yes" or "no" after reading the following statements:</p> <p>I hereby authorize the school to take and/or allow pictures, video, and/or the name of my child to be taken/used for marketing or promotional material for the school or district, including recruitment material, publications, yearbooks, presentations (electronic and printed), educational material, and other related material.</p> <p>I hereby authorize the school to take and/or allow pictures, video, and/or the name of my child to be taken/used for the school website, the district website, in newsletters, on school or district-authorized social media sites, and on other district or school-authorized communication tools.</p> <p>I hereby authorize the school to allow the local media or district staff (or personnel authorized by the district) to take my child's photograph, video, and use my child's name in relation to a news or human-interest story.</p> <p>Do you give us permission? You may withdraw this consent at any time by contacting your school.</p> <p><input type="checkbox"/> Yes, I consent <input type="checkbox"/> No, I do not consent</p>	

PARENT ADVISORY COMMITTEE	<i>Office Use Only: Enter in Release of Info to PAC</i>
<p>Every school has a Parent Advisory Committee that represents parents of the school and engages in educational programs and fundraising. The school may make the following information available to the PAC for contact and emergency purposes only: Parent/Guardian names, child's name, grade and division, email address and telephone numbers. NO OTHER PERSONAL INFORMATION REGARDING YOUR FAMILY IS GIVEN TO THE PAC. Please check the statement that expresses whether you wish your contact information to be released to the PAC.</p> <p>Do you give us permission? You may withdraw this consent at any time by contacting your school.</p> <p><input type="checkbox"/> Yes, I consent <input type="checkbox"/> No, I do not consent</p>	

I certify that the information provided is accurate and valid as of this date. I recognize that the provision of false information may result in my child being unable to attend the assigned school.

Today's Date

Signature of Parent / Guardian

Collection of Information

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information collected on this form, please contact the District Principal of Instruction & Technology Services at 2557 Beverly St, Duncan, BC V9L 2X3, (250) 748-0321.