



P500: Appendix III - Student Registration Form

School District 70 (Alberni)
4690 Roger Street Port Alberni, BC V9Y 3Z4
Telephone: 250.723.3565 Fax: 250.723.0318

**Please bring student's original Birth Certificate or Passport AND
Proof of current Residency with this form to the school**

StrongStart Kindergarten Grade 1 to 12 French Immersion

Legal Name: _____

Last

First

Middle

Usual Name: _____

Preferred Last

Preferred First

Preferred Middle

Gender: Male Female DOB (mm-dd-yyyy): _____ Out-of-Catchment: Yes No Out-of-District: Yes No

School: _____ Entering Grade: _____

Home Street Address: _____ Mailing Address: _____

City: _____ Postal Code: _____ Proof of Residency _____

Home Phone: _____ Unlisted: Yes No Bus Student: Yes No Water Taxi Student: Yes No

Language at Home: _____ Student's First Language: _____

Birth Certificate #: _____ Citizenship: _____

Documents required if other than Canadian

ABORIGINAL ANCESTRY (If yes, please complete this section)

Status on Reserve Status off Reserve

Non-status Metis Inuit

Band Name: _____

Status Card # _____

TRANSFER INFORMATION - Previous School

School District: _____ School Name: _____

School Contact Info: _____

CUSTODY/GUARDIANSHIP - PROOF REQUIRED IF APPLICABLE

Student Lives With: Both Parents Mother Father Other: _____

(Please specify relationship to student)

Custody: Both Parents Mother Father Other: _____

(Please specify relationship to student)

MOTHER / GUARDIAN

Name *(First and Last)*: _____

Relationship *(if not mother)*: _____ Home Phone: _____ Unlisted: Yes No

Place of Employment: _____ Work Phone: _____ ext. _____ Available at work: Yes No

Cell Phone: _____ Email Address: _____

FATHER / GUARDIAN

Name *(First and Last)*: _____

Relationship *(if not father)*: _____ Home Phone: _____ Unlisted: Yes No

Place of Employment: _____ Work Phone: _____ ext. _____ Available at work: Yes No

Cell Phone: _____ Email Address: _____

BROTHERS AND SISTERS (Legal Names)	Gender	Date of Birth (dd-mm-yyyy)	Grade	School
EMERGENCY CONTACTS	Relationship	Home Phone	Work Phone	Cell Phone
Daycare Contact Info:		Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No		

MEDICAL INFORMATION: Please mark the box that applies if your child has one of the following serious medical conditions that may require emergency care during school hours - **911 will be called.**

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy with a history of seizures in the past two (2) years
<input type="checkbox"/> Allergy producing anaphylactic type response needing hospitalization	<input type="checkbox"/> Blood clotting disorders (e.g., haemophilia that requires immediate medical care in the event of injury)
<input type="checkbox"/> Adrenalin	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Severe asthma requiring emergency treatment	_____

Doctor: _____ Phone: _____ Care Card Number: _____

Does your child routinely require medication during school hours? Yes No (if yes, please fill out Medication Administration Form)

The information on this form is collected under the authority of the *School Act*, Sections 13 and 97. Information provided 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 79(2) of the *School Act*. Information on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the principal of your school.

I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.

Parent / Legal Guardian Signature: _____ Date: _____

Notes

Office Use Only

Date Received: _____ Time: _____

Copies obtained: Birth Cert. Citizenship Passport Driver's Licence Status Card BC Care Card

Other: _____

Internet Use Agreement Photo Release Medication Form Speech-Language Screening (Elem only)

MyEdBC Number: _____ Ministry PEN Number: _____

Ministry Special Ed Designation if applicable _____ Current IEP provided Yes No