



SCHOOL DISTRICT #78 (Fraser-Cascade) Student Registration Form

March 2010

OFFICE USE ONLY

Student Grade Level: Admission Date: dd-mmm-yyyy
Homeroom/TA: Registration Date: dd-mmm-yyyy
Residency: In Catchment, Out of Catchment, Out of District
Programs: Regular Program, International, Home School, ESL Program, Special Ed Program/Designation, Public Health Nurse has been notified of life-threatening health condition.
Immigration Status: Canadian Citizen, International - Funding Not Eligible, Permanent Resident/Landed Immigrant
Students without Canadian citizenship, Permanent Resident/Landed Immigrant status or International Student status must apply to the Director, International Student Program, for admission.

Preschool/Playschool Attended Yes No Transportation to and from school Bus Walk Driven

SCHOOL NAME: COQUIHALLA ELEMENTARY SCHOOL PREVIOUS SCHOOL:
Legal Last Name: Usual Last Name:
Legal First Name: Preferred First:
Legal Middle Name(s): Preferred Middle Name(s):
Birth Date: Gender: Female Male
Check this box to indicate that the student has no Legal Middle Name
Proof of Age: BC Identification, Birth Certificate, Certificate of Citizenship, Court Order, Drivers License, Passport, Immigration Canada Documents, Permanent Resident Card, Vital Statistics Documentation/Care Card
Home Phone: Unlisted
Property/Home Address: Street Address, City, Province, Postal Code
Mailing Address same as Property/Home Address: Specify Mailing Address if different from Property/Home Address
Mailing Address: Street Address, City, Province, Postal Code

Birthplace: City, Province, Country
First Language: Language used at home: Language most used:
Aboriginal Ancestry: Yes No Band Name: Band Number:
Status: Metis Other Band of Residence: DIA Number:
Inuit Status On Reserve Boothroyd Chawathil Chehalis Scowlitx Shxw'ow'hamel Spuzzum
Non-Status Status Off Reserve Boston Bar Cheam Peters/Union Bar Seabird Skawahlook Yale

PARENT/GUARDIAN INFORMATION
Parent Type: Mother Father Other:
Last Name: First Name:
Home Address: Living with student Custody Yes No
(specify address below if this parent is NOT living with the student)
Street City Prov Postal Code
Home Phone: Unlisted
Place of employment:
Occupation:
Business Phone: Ext.
Cellular Phone: Unlisted
Email Address:
Above information can be used for emergency contact? Yes No

PARENT/GUARDIAN INFORMATION
Parent Type: Mother Father Other:
Last Name: First Name:
Home Address: Living with student Custody Yes No
(specify address below if this parent is NOT living with the student)
Street City Prov Postal Code
Home Phone: Unlisted
Place of employment:
Occupation:
Business Phone: Ext.
Cellular Phone: Unlisted
Email Address:
Above information can be used for emergency contact? Yes No

SIBLINGS	1	2	3	4
Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthday (dd-mmm-yyyy)	_____	_____	_____	_____
School Attending	_____	_____	_____	_____

EMERGENCY CONTACT

Last Name: _____ First Name: _____

Relationship to student: _____

Home Address: _____

 Street City Prov Postal Code

Home Phone: _____ Unlisted

Place of employment: _____

Business Phone: _____ Ext. _____

Cellular Phone: _____ Unlisted

Can this contact person pick up the student? Yes No

EMERGENCY CONTACT

Last Name: _____ First Name: _____

Relationship to student: _____

Home Address: _____

 Street City Prov Postal Code

Home Phone: _____ Unlisted

Place of employment: _____

Business Phone: _____ Ext. _____

Cellular Phone: _____ Unlisted

Can this contact person pick up the student? Yes No

EMERGENCY PREPAREDNESS CONTACT

Last Name: _____ First Name: _____

Home Address: _____

 Street City Prov Postal Code

Home Phone: _____ Unlisted

EMERGENCY PREPAREDNESS BILLET

Last Name: _____ First Name: _____

Home Address: _____

 Street City Prov Postal Code

Home Phone: _____ Unlisted

MEDICAL INFORMATION

Care Card No: _____ - _____ - _____ Family Doctor: _____ Phone: _____

Preferred Hospital: _____ Doctor's contact information required if student has a life-threatening condition.

Life Threatening Health Condition: Yes No **Letter of authority to administer medications on file.** Yes No

If the student has a life-threatening health condition, **please arrange to meet with the school principal prior to the student attending school.**

The life-threatening health conditions that apply to this student are: _____

MEDICATION TYPE

RELEASE OF INFORMATION/PARENTAL AUTHORITY

I Permit:

- my child's name and/or photo to be used in any school publications including web pages for the Internet.
- my child to be included in any media coverage of a school event.
- the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council for the purposes of school related communications.
- my child to participate in local field trips.
- my child to access the Internet in support of their education as per Policy #4050 – *Computer and Internet Usage and Access.*

AND ACKNOWLEDGE:

- that schools have the obligation and right to share demographic information with Provincial Health and Social Service agencies.
- that schools have the responsibility to investigate all threat making behaviour.

Note: If you take exception to any of the above, please discuss your objections with the principal.

_____ Date

Parent/Guardian Approval

I certify that the information I have provided on this form is correct:

_____ Date

Signature of Parent/Guardian