



SCHOOL DISTRICT #78 (Fraser Cascade) Student Registration Form

OFFICE USE ONLY:

Admission Date: _____
Registration Date: _____

Residency:
 In Catchment
 Out of Catchment
 Out of District

Immigration Status:
 Canadian Citizen
 International - funding non-eligible
 Permanent resident/landed immigrant

Programs:
 Regular Program
 International
 Home School
 ESL Program
 Special Ed Program

New Student
 Returning Student
 Student Transfer

Students without Canadian citizenship, Permanent Resident/Landed Immigrant status or International Student status must apply to the Director of International Student Program for admission

SCHOOL _____ **GRADE LEVEL** _____

STUDENT:

Legal Last Name _____
Legal First Name _____
Legal Middle Name(s) _____
Usual Last Name _____
Usual First Name _____
Usual Middle Name(s) _____
Legal Gender _____ Gender Identity _____ *F, M, N (Non-Binary)*

Home phone _____ Unlisted
Student Email _____
Street Address _____
RR Number/PO _____
City _____ Prov _____ PC _____
Proof of Address _____
Mailing Address (if different than property address) _____
Address _____

Date of Birth Proof of age _____
DD MM YYYY

RR Number/PO _____
City _____ Prov _____ PC _____

Previous School Name and District _____ City _____

Public Health Number _____ Family Courier?(Can bring mail home from school) _____

CITIZENSHIP (Country) _____ Visa Status _____ Expiration _____

LANGUAGE(Primary) _____ LANGUAGE (at home if different than primary) _____

Has your child received Learning Assistance ELL My child has an IEP (Student Services)

PARENT/GUARDIAN INFORMATION (n/a for Adult Students)

Last Name, First Name _____
Relationship _____
Home Phone _____ Cell Phone _____
Work Phone _____
Can pick up student Lives with student
Receive Mailings Receive Emails
Has MyEducation BC Portal Access
Email Address _____

Property address (if not living with student) _____
Street Address _____
RR Number/PO _____
City _____ Prov _____ PC _____
Mailing address (if different than property address) _____
Address _____
RR Number/PO _____
City _____ Prov _____ PC _____

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City _____ Prov _____ PC _____
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Address _____
RR Number/PO _____
City _____ Prov _____ PC _____

EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached. Listed in the priority order they are to be called)

Emergency Contact 1 _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Relationship _____

Emergency Contact 2 _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Relationship _____

Emergency Contact 3 _____ Home Phone _____ Work Phone _____
 Cell Phone _____ Relationship _____

Out of district or billet contact - where student would stay in case of weather/road closures, natural disaster
 Name, address, phone number _____

INDIGENOUS ANCESTRY

Inuit Band of Origin _____
 Metis
 Indigenous Non-Status Band of Residence _____
 Indigenous Status Living Off Reserve
 Indigenous Status Living On Reserve Status No. _____

SIBLING INFORMATION - students attending SD78

DD/MM/YYYY

LEGAL FIRST AND LAST NAME _____ BIRTHDATE _____ RELATIONSHIP _____

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STUDENT ALERTS:

LEGAL Do you have a Family Court Order on file? Have you provided a copy to the school?
 Description/Explanation _____

MEDICAL ALERTS
 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/Treatment _____

Doctor _____ Phone _____

OTHER STUDENT ALERTS - Health, family, or other information
 Description _____

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.

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program 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 recorded on this form, please contact your School Administrator.

PARENT SIGNATURE _____ DATE _____