



# 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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Mailing address (if different than property address) \_\_\_\_\_  
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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LEGAL FIRST AND LAST NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**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 \_\_\_\_\_