



P500: Appendix III - Student Registration Form

School District 70 (Alberni)

School:	Grade:
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Program:

StrongStart
 Kindergarten
 Grade 1 to 12
 Early French Immersion
 Late French Immersion

Student Information

Legal Last Name:		Home phone:	
Legal First Name:		Student email:	
Legal Middle Name:		Street Address:	
Usual Last Name:		City, Prov:	
Usual First Name:		Postal Code:	
Gender at birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X	DOB:	Mailing Address
Gender Identity		City, Prov.	
Personal Health #:		Postal Code	
Citizenship:	Visa Status:	Expiry Date:	
Previous School:	District:	City:	

PARENT/GUARDIAN INFORMATION

Last, First name:		Street Address:	
Relationship:		City:	
Can pick up:	Y/N	Lives with student:	Y/N
Receive mailings:	Y/N	Receive email:	Y/N
Receive autodialer calls:	Y/N	Has portal access:	Y/N
Home phone:		Prov.	
Work phone:		PC	
Cell phone:		Email address:	

PARENT/GUARDIAN INFORMATION

Last, First name:		Street Address:	
Relationship:		City:	
Can pick up:	Y/N	Lives with student:	Y/N
Receive mailings:	Y/N	Receive email:	Y/N
Receive autodialer calls:	Y/N	Has portal access:	Y/N
Home phone:		Prov.	
Work phone:		PC	
Cell phone:		Email address:	

EMERGENCY CONTACTS	Relationship	Home Phone	Work Phone	Cell Phone
Daycare Contact Info:		Can pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No		

SCHOOL-AGED SIBLINGS (Legal Names)	Grade	School

CUSTODY/GUARDIANSHIP - PROOF REQUIRED IF APPLICABLE

Student Lives With: _____ Other: _____
(Please specify relationship to student) (Please specify relationship to student)

Custody: _____ Other: _____
(Please specify relationship to student) (Please specify relationship to student)

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. Allergic to:	<input type="checkbox"/>	Blood clotting disorders (e.g. Haemophilia that requires immediate medical care in the event of an injury)
<input type="checkbox"/>	Adrenalin	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Severe asthma requiring emergency treatment		

Doctor: _____ Phone: _____

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

INDIGENOUS ANCESTRY (If yes, please complete this section)

Status on Reserve Status off Reserve Non-status Metis Inuit Status Card # _____
 Community of Origin: _____ Community of Residence: _____

Education Program Information: Please mark the appropriate box should your child be receiving additional educational supports and services

- Student has a Ministry of Education Special Education designation and has been on an Individualized Educational Plan (IEP)
- Student has been receiving regular Learning Assistance and/or ELL support
- Other

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.

Parent / Legal Guardian Signature: _____ Date: _____

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