

SIBLINGS (Legal Names)	Date of Birth (dd-mm-yyyy)	Grade	School

EMERGENCY CONTACTS	Relationship	Home Phone	Work Phone	Cell Phone

Daycare Contact Info: _____ Can pick up student: Yes No

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

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 an 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