

## STUDENT REGISTRATION FORM

CATCHMENT SCHOOL: \_\_\_\_\_

### OFFICE USE ONLY

Registration Date: \_\_\_\_\_ Enrollment Start Date: \_\_\_\_\_

Grade: \_\_\_\_\_ YOG: \_\_\_\_\_ Student #: \_\_\_\_\_ PEN: \_\_\_\_\_ French Program: Immersion Early  Late

**Registration Documentation (check  when verified):**

Student Proof of Age  Student Proof of Citizenship  Parent Proof of Citizenship  Proof of Guardianship  Proof of Address / Residence

**Additional Documentation:**

Out of Catchment?:  Yes  No Non-Catchment Area Form  Non-District Form  District Placement  (sch code): [\_\_\_\_\_]

Non-Catchment Area Request (school code): [\_\_\_\_\_] Traditional School Request (school code): [\_\_\_\_\_]

**TIME & DATE OF RECEIPT OF THIS FORM MUST BE RECORDED BY THE CATCHMENT AREA SCHOOL:** \_\_\_\_\_

*Staff Initial*

Legal Restrictions For Access To Student?  (If yes, copy of legal document must be on file at school)

Homeroom/Div. #: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Records Requested  Bus Student  Home Schooling

## PLEASE PRINT CLEARLY

### PREVIOUS SCHOOL/DISTRICT (Including StrongStart)

District: \_\_\_\_\_ School Name: \_\_\_\_\_

Province/Country: \_\_\_\_\_ School Language: \_\_\_\_\_

### STUDENT INFORMATION

LEGAL Last Name: \_\_\_\_\_ PREFERRED Last Name: \_\_\_\_\_

LEGAL First Name: \_\_\_\_\_ PREFERRED First Name: \_\_\_\_\_

LEGAL Middle Name: \_\_\_\_\_ PREFERRED Middle Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_\_

Gender:  Female  Male Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 (month / day / year)

### STUDENT ADDRESS

Unit #: \_\_\_\_\_ House # and Street Name: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### CUSTODY INFORMATION

Custody: Both Parents  Yes  No If no, please indicate custody: \_\_\_\_\_

Custody Order?  Yes  No (If Yes, copy is required) Student Living With: \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES

**Priority #1** Relationship: \_\_\_\_\_ **Priority #2** Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

## PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD DOES NOT RESIDE

**Priority #3** Relationship: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Unit #: \_\_\_\_\_ House # and Street Name: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Can pick up?  Yes  No

## SIBLING(S) CURRENTLY ATTENDING SCHOOL IN DELTA

**Sibling #1** Current Grade: \_\_\_\_\_ **Sibling #2** Current Grade: \_\_\_\_\_ **Sibling #3** Current Grade: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_  
School: \_\_\_\_\_ School: \_\_\_\_\_ School: \_\_\_\_\_

## MEDICAL INFORMATION/ALERTS BC Services Card – Personal Health # \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_

Life Threatening Conditions?: \_\_\_\_\_

Has Epi Pen  Additional Health Information: \_\_\_\_\_

## CITIZENSHIP / LANGUAGE & CULTURE

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

If applicable, Visa Status: \_\_\_\_\_ Visa Exp. Date: \_\_\_\_\_ B.C. Entry Date: \_\_\_\_\_

Home Language: \_\_\_\_\_ Language Most Used: \_\_\_\_\_ First Language: \_\_\_\_\_

## PROGRAMS

**ENGLISH LANGUAGE LEARNER (ELL) ELIGIBILITY:** Students are eligible for ELL support when the primary language spoken at home is a language other than English and the student meets eligibility requirements after assessment. **IS YOUR CHILD IN THIS CATEGORY?**  Yes  No

**SPECIAL LEARNING NEEDS:** Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child?  Yes  No **If Yes, please describe:** \_\_\_\_\_

## INDIGENOUS ANCESTRY

**SELF VOLUNTEERED INFORMATION: INDIGENOUS EDUCATION SERVICES ARE AVAILABLE FOR STUDENTS OF INDIGENOUS**

**ANCESTRY.** Student is of Indigenous Ancestry:  Yes (Status Indian, Non-Status Indian, Metis or Inuit) **NATION:** \_\_\_\_\_

Information on this form is collected under the authority of the *School Act* and 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 the *School Act*. The information collected is protected under the Freedom of Information and Protection of Privacy Act.

## IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, THE SCHOOL SHOULD CALL:

<b>Priority #10</b> Relationship: _____	<b>Priority #11</b> Relationship: _____
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Home Phone: _____ Cell: _____	Home Phone: _____ Cell: _____
Work phone: _____ Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work phone: _____ Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EMAIL COMMUNICATION

Canada's new anti-spam legislation requires us to obtain your consent in order to provide you with the electronic information about many of the happenings and events occurring at your child's school or within our school district. As a result, the Board of Education of School District No. 37 (Delta) would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions relevant to our students and families. Examples of such messages include information about field trips, fundraising, yearbooks, student pictures, dance tickets, hot lunches, Continuing Education programs, or similar events and offers.

If you wish to receive the above communications from us, please identify your consent below. Each parent/guardian must complete and sign below.

**Guardian #1: Name** (First and Last): \_\_\_\_\_

I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** \_\_\_\_\_

**Guardian #2: Name** (First and Last): \_\_\_\_\_

I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** \_\_\_\_\_

**Guardian #3: Name** (First and Last): \_\_\_\_\_

I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** \_\_\_\_\_

*You may change your consent at any time by signing into Parent Connect and selecting the appropriate option or by informing your school in writing (either via email or printed note) that you choose to no longer receive email communication from the school, school district or staff relating to messages that may contain advertising or promotions.*

## VERIFICATION – LEGAL PARENT / GUARDIAN

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

\_\_\_\_\_  
**Parent / Guardian Name (Please print)**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Parent/Guardian Signature**

*The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting; demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.*