



StrongStart  Kindergarten  Grade 1 to 12   
SEEC  64GO  French Immersion

Check the boxes above that apply. Please bring your student's original Birth Certificate or Passport, B.C. Care Card, AND Proof of Residency with this form to your neighbourhood school at the time of registration.

School requested:

Entering Grade:

**STUDENT INFORMATION**

Legal Name: *Last*

*First*

*Middle*

Usual Name: *Last*

*First*

*Middle*

Gender:  Male  Female

Gender Identity:  Male  Female  X

Birthdate (dd-mm-yyyy):

Street Address:

*Mailing Address (if different from street address):*

City:

Postal Code:

Home Phone:

Unlisted:  Yes  No

Bus Student:  Yes  No

Water Taxi Student:  Yes  No

Language at Home:

Student's First Language:

Birthplace:

*City / Province / Country*

Citizenship:

*(Documents required if other than Canadian)*

Indigenous Ancestry:  No  Yes

if Yes:  Inuit

Metis

Non-status

Status on Reserve

Status off Reserve

**TRANSFER INFORMATION – Previous School**

School District:

School Name:

School Address (if known):

Phone Number:

Year:

Grade:

**PARENT / GUARDIAN**

Title

*Last Name:*

*First Name:*

Relationship:

Home Phone:

Unlisted:  Yes  No

Place of Employment:

Work Phone:

ext.

Available at work:  Yes  No

Cell Phone:

Email Address:

**PARENT / GUARDIAN**

Title

*Last Name:*

*First Name:*

Relationship:

Home Phone:

Unlisted:  Yes  No

Place of Employment:

Work Phone:

ext.

Available at work:  Yes  No

Cell Phone:

Email Address:

## SD64 Student Registration Form

### PARENT / GUARDIAN

Title *Last Name:* *First Name:*

Relationship: Home Phone: Unlisted:  Yes  No

Place of Employment: Work Phone: ext. Available at work:  Yes  No

Cell Phone: Email Address:

### CUSTODY

Student Lives With:  Both Parents  Other:

Custody:  Both Parents  Other:

**If you check "Other", please provide documentation. Legal document is required if there is a custody issue.**

SIBLINGS (Legal Last, Legal First)	Date of Birth (dd-mm-yyyy)	Grade	School

EMERGENCY CONTACTS authorized for student pick up <i>listed in priority order</i>	Relationship ( <i>other than parent/guardian listed above</i> )	Telephone Number
1.		
2.		
3.		
4.		

**MEDICAL INFORMATION:** Please mark the box below 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.**

**Care Card Number:**

- |                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Diabetes<br><input type="checkbox"/> Allergy producing <b>anaphylactic type response</b> needing hospitalization. <b>Specify:</b><br><br><input type="checkbox"/> Adrenalin | <input type="checkbox"/> Epilepsy with a history of seizures in the past two (2) years<br><input type="checkbox"/> Blood clotting disorders (e.g., haemophilia that requires immediate medical care in the event of injury)<br><input type="checkbox"/> Severe asthma requiring emergency treatment<br><input type="checkbox"/> Other: |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Does your child routinely require medication during school hours?  Yes  No

Special medical instructions:

### SPECIAL EDUCATION

- Student requires special education services?
- Student requires an IEP (Individual Education Plan)
- Student has Ministry designation (specify)
- Other

## SD64 Student Registration Form

### INTERNET / NETWORK ACCEPTABLE USE (signed by parent or legal guardian)

School District No. 64 (Gulf Islands) provides internet and network access to students and staff at all schools. This access is important as the BC curriculum requires internet use in a variety of contexts. To ensure the district's ability to provide internet and network service to its students and staff will not be interrupted or jeopardized in any way, all users are required to agree to the "acceptable use" terms outlined below. I agree on behalf of my child to:

- use the internet/network at school for school-related activity.
- refrain from using personal devices during instructional time unless otherwise permitted for educational, health, or safety reasons.
- limit network access for personally owned devices to the school district guest Wi-Fi network only. Other access will require the device to be registered with the school.
- refrain from downloading materials that are protected by copyright and trademark law or of accessing inappropriate or offensive materials.
- use social media at school only as it pertains to school-related activity or communication with staff/students about school-related activity.
- refrain from communicating with other students or staff in a way that could be seen as harassment, intimidation, libel, or humiliation.

**Signed on behalf of my child:** \_\_\_\_\_

### PHOTO RELEASE (initialed by parent or legal guardian)

The photographs/digital images of my child may be used for display on the school or school district websites, in news releases, and in school district print publications such as newsletters, yearbooks, reports, and promotional materials. By granting consent, I waive all claims for any compensation for such use. **Consent granted:**  Yes  No **Parent/Guardian Initials:** \_\_\_\_\_

### NOTICE OF COLLECTION

The information on this form is collected under the authority of the *School Act*, Section 13 and the *Freedom of Information and Protection of Privacy Act*, Section 26(c). This information is maintained and updated in the district's student information management system (MyEducation BC). Additional information collected and maintained in MyEducation BC may include:

#### Student Data

District and provincial ID numbers  
Release information  
Eligibility information  
Field trip information  
Photograph  
Timetable/class schedule  
Achievement and grading data  
Special Ed./Individual Education Plans  
Student Learning Plans

#### School Data

Accident and injury data  
Locker lists/ lock combinations  
Course information  
Pupil-teacher contact data  
Room and room assignment data  
Home Room roster data  
Transfer requests  
Student roster data (teams/counsellors)  
Family interview reports

#### Classroom Data

Roster  
Teacher

#### District Data

Bus routes  
Attendance data  
Fees data  
Meal program data  
Enrollment data  
Diploma and credit data

This information will be used for educational program purposes, is collected under the authority of the *School Act* and is protected under the *Freedom of Information and Protection of Privacy Act*. When required, it may be provided to health services, social services, or other support services as outlined in Section 79 of the *School 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 information provided in this form 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:** \_\_\_\_\_

### Office Use Only

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_

MyEducation BC Pupil Number: \_\_\_\_\_ Ministry PEN Number: \_\_\_\_\_

Proof of Age:  Birth Cert.  Citizenship  Passport  Driver's Licence  Other: \_\_\_\_\_

Ordinarily Resident:  (sufficient proof may include BC Driver's Licence, utility bill, long-term lease, employment documents)

MyEducation BC Admitted:

Field Trip Other: \_\_\_\_\_ Year of Graduation (YOG) \_\_\_\_\_

*K Registration only:*  *Speech/Language* *Registered Homeschooler (grade sublevel HS):*

**Out of Catchment Request:**  No  Yes If Yes, name of catchment school: \_\_\_\_\_