

In Catch	nment Application
Start Date:	Grade:
English Program 🗖	French Immersion Program
□ н	ockey Academy

Student Registration Form – 2018/20	19 School Year	Cross Boundary Application submitted by Parent/Guardian to:
		School of Choice:
School:		Date Submitted:
·		L
LEGAL NAME: Surname	First	Middle
NAME LIGED.	E' and	CENIDED Mala / Famala CDADE
NAME USED: Surname	First	GENDER: Male / Female GRADE:
BIRTH DATE: BIRT	ΓΗ PROVINCE:	HOME LANGUAGE:
(Day) (Month) (Year)		
PERSONAL EDUCATION NUMBER (PEN #):		PROOF OF AGE:
ORDINARILY RESIDENT VERIFICATION COMPLETED (A	AS ATTACHED):	
CTREET ADDRECC.		POSTAL CODE.
(Number) (Apt/Suite #)	(Street Name)	POSTAL CODE:
MAILING ADDRESS:		POSTAL CODE:
(if differ	rent from above)	
HOME PHONE:		
IMMIGRATION: (COPIES OF FEDERAL IMMIGRATIO	N DOCUMENTATION MUST	BE PROVIDED)
COUNTRY OF BIRTH:	IMMIC	GRATION STATUS:
		EXPIRATION DATE:
LANGUAGE:		
LANGUAGE.		
LAST SCHOOL ATTENDED:		PHONE:
FAX:	EMAIL:	
ADDRESS:	PROV	VINCE: GRADE PLACEMENT:
MINISTRY DESIGNATION: Yes No ST	UDENT SUPPORTS: □ IEP	(Individual Education Plan)
☐ ELL (English Language Learner) ☐ Speech ☐ Other (S	Student Support)	
STUDENT LIVES WITH: Both Parents Mother	☐ Father ☐ Other:	
		Court Order:
DA DENTIGUA DOMANIG NAME		
PARENT/GUARDIAN'S NAME:		
Please Check One: ☐ Father ☐ Mother ☐ Step Father	er	Other:
ADDRESS IF DIFFERENT FROM STUDENT:		
EMPLOYER:	OCCU	PATION:
WORK PHONE:	HOME PHONE IF DIFF	FERENT FROM STUDENT:
CELL PHONE:	EMAIL:	
☐ CAN PICK UP ☐ RECEIVE MAILINGS ☐ RE	ECEIVE AUTO-DIALER CALI	LS
PARENT/GUARDIAN'S NAME:		
Please Check One: ☐ Father ☐ Mother ☐ Step Fath.	er	Other:
ADDRESS IF DIFFERENT FROM STUDENT:	•	
		IPATION:
		FERENT FROM STUDENT:
	HOME PHONE IF DIFF	ERENT IRON STODENT.

☐ CAN PICK UP ☐ RECEIVE MAILINGS ☐ RECEIVE AUTO-DIALER CALLS

☐ HAS PORTAL ACCESS

□ RECEIVE EMAIL

ABORIGINAL ANCESTRY: ☐ Inuit ☐ Metis ☐ Non-Status ☐ Status Off-Reserve ☐ Status On-Reserve	
ABORTOLY ALTRICAS TRANSPORTED TO A STATE OF THE STATE OF	
BAND OF RESIDENCE NAME: BAND OF RESIDENCE NUMBER:	
MEDICAL INFORMATION: CARE CARD NUMBER:	
DOCTOR:PHONE:	
DENTIST: PHONE:	
ALLERGIES & HEALTH CONDITIONS:	
LIFE THREATENING? Yes No _	
STUDENT EMERGENCY RESPONSE PLAN REQUIRED (I.E. ANAPHYLAXIS, DIABETES, ETC.): Yes No	
SCHOOL-AGE SIBLINGS ATTENDING SCHOOL DISTRICT:	
FIRST NAME: LAST NAME: BIRTH DATE: RELATIONSHIP: GRADE & SCHOOL:	
EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENTS/GUARDIANS)	
LAST NAME: FIRST NAME:	
HOME PHONE: WORK PHONE: CELL PHONE:	
RELATIONSHIP TO STUDENT: PERMISSION TO PICK UP STUDENT? Yes No	
LAST NAME: FIRST NAME:	
HOME PHONE: CELL PHONE: CELL PHONE: N	
RELATIONSHIP TO STUDENT: PERMISSION TO PICK UP STUDENT? Yes No	
LAST NAME: FIRST NAME:	
HOME PHONE: WORK PHONE: CELL PHONE:	
RELATIONSHIP TO STUDENT: PERMISSION TO PICK UP STUDENT? Yes No	
LAST NAME: FIRST NAME:	
HOME PHONE: WORK PHONE: CELL PHONE:	
HOME PHONE: CELL PHONE: CELL PHONE:	
HOME PHONE: WORK PHONE: CELL PHONE: No RELATIONSHIP TO STUDENT: PERMISSION TO PICK UP STUDENT? Yes No The information on this form is collected under the authority of the School Act. Information is used by the School District for Ministry of Ereporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance	Educatio
HOME PHONE: WORK PHONE: PERMISSION TO PICK UP STUDENT? Yes No The information on this form is collected under the authority of the School Act. Information is used by the School District for Ministry of Ereporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance Freedom of Information and Protection of Privacy Act.	Educatio with th
HOME PHONE: WORK PHONE: CELL PHONE: PERMISSION TO PICK UP STUDENT? Yes No The information on this form is collected under the authority of the School Act. Information is used by the School District for Ministry of Ereporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance Freedom of Information and Protection of Privacy Act. PARENT / GUARDIAN SIGNATURE: DATE:	Educatio with th
HOME PHONE: WORK PHONE: CELL PHONE: No RELATIONSHIP TO STUDENT: PERMISSION TO PICK UP STUDENT? Yes No The information on this form is collected under the authority of the School Act. Information is used by the School District for Ministry of Ereporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance Freedom of Information and Protection of Privacy Act. PARENT / GUARDIAN SIGNATURE: DATE:	Educatio with th
HOME PHONE: WORK PHONE: CELL PHONE: PERMISSION TO PICK UP STUDENT? Yes No The information on this form is collected under the authority of the School Act. Information is used by the School District for Ministry of Ereporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance Freedom of Information and Protection of Privacy Act. PARENT / GUARDIAN SIGNATURE: DATE:	Educatio with th

FREEDOM OF INFORMATION – PARENTAL CONSENT

(for the disclosure of parent/guardian information)

In accordance with the *Freedom of Information and Protection of Privacy Act*, Coast Mountains Board of Education School District 82, requires consent to use personal information for purposes unrelated to educational programs.

There are occasions when our school would like to have contact with parents/guardians to consult with them directly

about school issues or meetings, or to plan school-related activities. To contact you for these purposes, we need consent for the disclosure of your name, home address and phone number to school district personnel, Parent Advisory Councils or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes. Yes, I give my consent for release of my home address and phone number for purposes consistent with the above. No, I do not permit the release of my home address and phone number for purposes consistent with the above. The information on this form is collected under the authority of the School Act. Information is used by the school district for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act. ____ Date: ____ Parent / Guardian Signature: **ORDINARILY RESIDENT VERIFICATION** SURNAME: _____ FIRST NAME: ____ MIDDLE NAME: ____ PERSONAL EDUCATION NUMBER (PEN #): **Proof of Residency for Parent/Guardian:** Parent/Guardian Name: _____ BC CareCard **OR** BC Services Card And **ONE** of the following: П British Columbia Driver's License Document indicating BC residency (i.e. utility bill) Proof of ownership of a dwelling or long-term lease/rent agreement Current income tax return filed as a BC resident **Proof of Residency for Student:** BC CareCard **OR** BC Services Card **OR** British Columbia Driver's License AND: П Birth Certificate (proof of age) Administrator Signature:

Date Information Received: