



School District 5 (Southeast Kootenay) Student Registration Form

The information collected on this form will be protected consistent with the Freedom of Information and Protection Act.

Catchment School: _____

Requested/Placed School: _____

STUDENT INFORMATION	ADDRESS INFORMATION
Gender Male Female Other Gender Identity _____ Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Usual Last Name _____ Preferred First _____ Date of Birth _____ <p style="text-align: center;">(DD/Month/Year ie 24 May 2020)</p> Proof of Age/Legal Name Received and on File <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Canada documents <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Status (Status Card) Main Phone _____ Unlisted Y N Grade _____	Street Address _____ _____ Apt. No. _____ City _____ BC Postal Code _____ Proof of Residency <input type="checkbox"/> _____ Mailing Address (if different from above) _____ _____ Is bussing needed? Y <input type="checkbox"/> N <input type="checkbox"/> Permission to walk home? Y <input type="checkbox"/> N <input type="checkbox"/> (If yes, please request a school district transportation form) ADMISSION INFORMATION Have you previously attended a BC School or BC StrongStart? Y <input type="checkbox"/> N <input type="checkbox"/> Last School Attended _____ City & Province _____

PARENTS/GUARDIANS <small>(extra sheets are available if needed)</small>	PARENTS/GUARDIANS
First Name _____ Last Name _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Relationship to Student _____ Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____	First Name _____ Last Name _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Relationship to Student _____ Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____



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CUSTODY/GUARDIANSHIP/ACCESS	
Are there any legal documents in force re: custody/guardianship/access?	Y <input type="checkbox"/> N <input type="checkbox"/>
If so, please briefly explain _____	
Have you provided a copy of these legal documents to the school?	Y <input type="checkbox"/> N <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION #1	EMERGENCY CONTACT INFORMATION #2
First Name _____	First Name _____
Last Name _____	Last Name _____
Relationship to Student _____	Relationship to Student _____
Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/>	Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/>
Main Phone _____	Main Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Work Phone _____	Work Phone _____

SCHOOL-AGED SIBLING INFORMATION				
	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Last Name				
First Name				
Relationship				
Date of Birth DD/Month/Year				
School				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

MEDICAL INFORMATION
Care Card Number _____
Allergies and Conditions _____
Are any of these conditions life threatening? Y <input type="checkbox"/> N <input type="checkbox"/>
Life Threatening Condition _____
If yes, please request the following forms:
<ul style="list-style-type: none"> • <i>Medical Alert Planning Form (AP 316 Form 316-1)</i> • <i>Request for Administration of Medication at School (AP 316, AP 316 Appendix Form 316-2)</i> • <i>Anaphylaxis Emergency Action Plan (AP 317 Form 317-1) Allergies and Life-Threatening Allergies in School)</i>



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IMMIGRATION/CITIZENSHIP			STATUS PROGRAMS
Country of Birth _____			Indigenous Language & Culture <input type="checkbox"/>
Language at Home _____			Indigenous Support Services <input type="checkbox"/>
<u>Status in Canada</u>	<u>Child</u>	<u>Parent</u>	English Language Learner (ELL) <input type="checkbox"/>
Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>	French Immersion <input type="checkbox"/>
Permanent Resident/ Landed Immigrant	<input type="checkbox"/>	<input type="checkbox"/>	Special Education: <input type="checkbox"/>
International Student	<input type="checkbox"/>	<input type="checkbox"/>	Designation _____
Student Visa	<input type="checkbox"/>	<input type="checkbox"/>	My Child has an Individual Education Plan (IEP) Y <input type="checkbox"/> N <input type="checkbox"/>
			Was in an Alternate Program Y <input type="checkbox"/> N <input type="checkbox"/>
			Title _____

INDIGENOUS ANCESTRY INFORMATION			
Do you have Indigenous Ancestry Y <input type="checkbox"/> N <input type="checkbox"/>			
If yes, would you like to receive Indigenous Support Services Y <input type="checkbox"/> N <input type="checkbox"/>			
Indigenous Ancestry	Band of Origin		Band of Residence
Status – Off Reserve	0602 St. Mary's	<input type="checkbox"/>	AQ'AM (St Mary's) <input type="checkbox"/>
Status – On Reserve	0603 Tobacco Plains	<input type="checkbox"/>	Yaqit ?a-knuq'iit <input type="checkbox"/>
Metis <input type="checkbox"/>	0604 ?AkisQ-Nuk 1 st Nations		(Tobacco Plains)
Inuit <input type="checkbox"/>	Other:		Other:
Non-Status <input type="checkbox"/>			
Status Card #:			

BC SPORTS
<i>Grade 8-12 Students Only</i>
All students participating in secondary athletics in School District No. 5 must be registered with BC School Sports. I authorize disclosure of my child's name, birth date, current grade, year my child entered Grade 8 and previous school to BC School Sports for registration purposes.
Signature _____

CONSENT FORMS WHICH ARE REQUIRED IF APPLICABLE
<input type="checkbox"/> Anti-Spam Legislation (required by all)
<input type="checkbox"/> Information and Technology (Internet) (required by all)
<input type="checkbox"/> Outside Media in Schools (required by all)
<input type="checkbox"/> Personal Information Consent (required by all)
<input type="checkbox"/> Release of Student Records from Previous School (required by all)
<input type="checkbox"/> Indigenous Education Information (required by Indigenous students)
<input type="checkbox"/> Bus Student Registration
<input type="checkbox"/> Curricular & Extra Curricular Travel (required as needed as per District Admin Procedures)
<input type="checkbox"/> Lockers (all middle/secondary students)
<input type="checkbox"/> Medical Alert Planning form/Request for Administration of Medication (required as needed as per District Admin Procedures)



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The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the District Administration Office (250-426-4201).

DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT

I hereby certify the foregoing information to be true, correct and complete.)

Signature

Date

ONLINE REGISTRATION INFORMATION

When registering your child, please note the following process:

1. Use the [School Locator](#) to determine your catchment school
2. Complete this fillable PDF form
3. Ensure that your registration is submitted to your catchment school
4. Please note that registration acceptance at school of choice is based on availability

Please contact the catchment school directly to make an appointment. You may then take the completed form and documentation into the school.

Once your online form is processed, the school will contact you regarding documentation. The following documents are required:

- Proof of birth date for the student (birth certificate or passport).
- Proof of guardianship (as shown on child's birth certificate, or other appropriate legal documentation such as landed immigrant document or guardianship order).
- Proof of citizenship for both the parent and student (Canadian Birth Certificate, Citizenship Card, Passport, Indigenous Status Identification Card, Landed Immigrant Document, Permanent Resident Card, Enhanced Driver's License or Enhanced Identification Card).
- Proof of residence (e.g., ordinarily resident) of parent/guardian in BC (BC Driver's License, BC Services Card, BCID or BC Care Card of parent/legal guardian).

We do not recommend sending sensitive information or documents over email.

OFFICE USE ONLY

Date Received _____

Time Received _____

Grade _____ Home Room _____

Common Sis # _____

Consent Forms Received

- Anti-Spam Legislation (required by all)
- Information and Technology (Internet) (required by all)
- Outside Media in Schools (required by all)
- Personal Information Consent (required by all)
- Release of Student Records from Previous School (required by all)
- Indigenous Education Information (required by Indigenous students)
- Bus Student Registration
- Curricular & Extra Curricular Travel (required as needed as per School District AP)
- Lockers (all middle/secondary students)
- Medical Alert Planning form/Request for Administration of Medication (required as needed as per School District AP)

Transportation Information

Route Number _____ Bus Number _____ Stop Number _____

Stop Description _____