



## 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	Street Address _____
Gender Identity _____	_____ Apt. No. _____
Legal Last Name _____	City _____ BC
Legal First Name _____	Postal Code _____
Legal Middle Name _____	Proof of Residency <input type="checkbox"/> _____
Usual Last Name _____	Mailing Address (if different from above)
Preferred First _____	_____
Date of Birth _____	_____
(DD/Month/Year i.e. 24 May 2025)	
Proof of Age/Legal Name Received and on File	Is bussing needed?      Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Birth Certificate	Permission to walk home?      Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Certificate of Citizenship	(If yes, please request a school district transportation form)
<input type="checkbox"/> Court Order	<b>ADMISSION INFORMATION</b>
<input type="checkbox"/> Driver's Licence	Have you previously attended a BC School or BC StrongStart?
<input type="checkbox"/> Immigration Canada documents	Y <input type="checkbox"/> N <input type="checkbox"/>
<input type="checkbox"/> Passport	Last School Attended _____
<input type="checkbox"/> Certificate of Status (Status Card)	City & Province _____
Main Phone _____	
Unlisted Y      N      Grade _____	

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



**School District 5 (Southeast Kootenay)**  
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**CUSTODY/GUARDIANSHIP/ACCESS**

Are there any legal documents in force re: custody/guardianship/access? Y ☐ N ☐

If so, please briefly explain \_\_\_\_\_

Have you provided a copy of these legal documents to the school? Y ☐ N ☐

**EMERGENCY CONTACT INFORMATION #1**

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

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

Relationship to Student \_\_\_\_\_

Contact can pick up Student: Y ☐ N ☐

Main Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION #2**

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

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

Relationship to Student \_\_\_\_\_

Contact can pick up Student: Y ☐ N ☐

Main Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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 ☐ N ☐

Life Threatening Condition \_\_\_\_\_

If yes, please request the following forms:

- *Medical Alert Planning Form (AP 316, Form 316-1)*
- *Request for Administration of Medication at School (AP 316, AP 316 Appendix, Form 316-2)*
- *Anaphylaxis Emergency Action Plan (AP 317, Form 317-1) Allergies and Life-Threatening Allergies in School)*



## School District 5 (Southeast Kootenay) Student Registration Form

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

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"/>			
<b>Indigenous Ancestry</b>	<b>Band of Origin</b>		<b>Band of Residence</b>
Status – Off Reserve	0602 AQ'AM	<input type="checkbox"/>	AQ'AM <input type="checkbox"/>
Status – On Reserve	0603 Yaq'it ?a-knuq'it	<input type="checkbox"/>	Yaq'it ?a-knuq'it <input type="checkbox"/>
Metis <input type="checkbox"/>	0604 ?AkisQ-Nuk 1 <sup>st</sup> Nations	<input type="checkbox"/>	
Inuit <input type="checkbox"/>	Other:		Other:
Non-Status <input type="checkbox"/>			
<b>Status Card #:</b>			

BC SPORTS
<i>Grade 8-12 Students Only</i>
<p>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.</p> <p style="text-align: right;">Signature _____</p>

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 Administrative 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 Administrative Procedures)



## School District 5 (Southeast Kootenay) Student Registration Form

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 \_\_\_\_\_