



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

Information collected on this form is protected under the Freedom of Information and Protection of Privacy Act.

Catchment School _____ **Requested/Placed School** _____

STUDENT INFORMATION	ADDRESS INFORMATION
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input checked="" type="checkbox"/> X Gender Identity <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input checked="" type="checkbox"/> X Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Usual Last Name _____ Preferred First _____ Date of Birth _____ (DD/Month/Year for example 24 May 2021) 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 <input type="checkbox"/> N <input type="checkbox"/> 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 (extra sheets are available if needed)	PARENTS/GUARDIANS
First Name _____ Last Name _____ Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input checked="" type="checkbox"/> X 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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input checked="" type="checkbox"/> X 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 regarding 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		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	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input checked="" type="checkbox"/> X	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input checked="" type="checkbox"/> X	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input checked="" type="checkbox"/> X	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> U <input checked="" type="checkbox"/> X

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, Appendix Form 316-2)*
- *Anaphylaxis Emergency Action Plan (AP 317, Form 317-1) Allergies and Life-Threatening Allergies in School*



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

If yes, would you like to receive Indigenous Support Services Y N

Indigenous Ancestry

- Status – Off Reserve
- Status – On Reserve
- Metis
- Inuit
- Non-Status

Band of Origin

- 0602 AQ'AM
- 0603 Ya̱qit ?a·knuq̣ii't
- 0604 ?AkisQ-Nuk 1st Nations
- Other

Band of Residence

- AQ'AM
- Ya̱qit ?a·knuq̣ii't
- Other

Status Card Number _____

BC SPORTS

Grade 8-12 Students Only

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

- 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 District Admin Procedures)
- Lockers (all middle/secondary students)
- 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)
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- Indigenous Education Information (required by Indigenous students)
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- Lockers (all middle/secondary students)
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Transportation Information

Route Number _____

Bus Number _____ Stop Number _____

Stop Description _____