

# K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?

YES  NO



## TO BE COMPLETED BY OFFICE: (Please ensure Proof of Age and Residency are provided and initial in allocated area)

**CATCHMENT SCHOOL:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **STAFF INITIALS**

**Information Verified By (Staff Name):** \_\_\_\_\_

**Current Year:** Enrollment Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Next Year:** Date of Registration: \_\_\_\_\_ Time of Registration: \_\_\_\_\_ Current/Next Grade: \_\_\_\_\_

**Cross Boundary:**  YES  NO **If YES, Name of Cross Boundary School Requested:** \_\_\_\_\_

## REGISTRATION DOCUMENTATION:

Proof of Legal Guardianship:	Proof of Residency (Parent/Guardian):	Proof of Physical Address (for catchment):
<input type="checkbox"/> Birth Certificate ( <b>LONG</b> Version with Parent Names) <input type="checkbox"/> Landed Immigrant Document <input type="checkbox"/> Guardianship Order <input type="checkbox"/> Income Tax Statement (Children are Declared)	<input type="checkbox"/> BC Driver's License <input type="checkbox"/> BC Services Card (PHN) <input type="checkbox"/> ICBC Registration Document <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas or <input type="checkbox"/> Cable Bill <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Employment Pay-Slips (Current)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: <input type="checkbox"/> Hydro <input type="checkbox"/> Gas or <input type="checkbox"/> Cable Bill <input type="checkbox"/> Mortgage Statement
Proof of Child's Age:		
<input type="checkbox"/> Birth Certificate / <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License / BC Services Card (if over 19)		

## TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):

### STUDENT INFORMATION:

**LEGAL Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**USUAL Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Legal Gender:**  M  F / **Preferred Gender:**  M  F  Other  
(DD-MM-YYYY)

**Phone(s)/Email:** \_\_\_\_\_  
(Student Home) (Student Cell) (Student Work – if applicable) (Student Email)

**Address:** \_\_\_\_\_  
(Apt. #, Street Name) (City) (Province, Postal Code)

**Mailing Address (if different from above):** \_\_\_\_\_

### CITIZENSHIP (Student and Parent):

**Student:** Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

**Parent:** Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

### LANGUAGE:

**First Language:** \_\_\_\_\_ **Used at Home:** \_\_\_\_\_ **Most Used:** \_\_\_\_\_

### INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:

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

**Band of Origin:** \_\_\_\_\_ **Band of Residence:** \_\_\_\_\_

### FORMER SCHOOL / STRONGSTART:

**Name of Former School:** \_\_\_\_\_ **School District #:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Has student ever attended a Mission School or StrongStart Program?**  NO  YES: **School Name:** \_\_\_\_\_

**MEDICAL:**

Personal Health Number (PHN): \_\_\_\_\_

Does the student have a life-threatening medical condition?  NO  YES / If YES, please provide details below:Does the student have any other medical or health concerns?  NO  YES / If YES, please provide details below:**DISABILITIES and/or DIVERSE ABILITIES (please provide any applicable documentation):**Identified Disability and/or Diverse Ability (including supports for Social and Emotional Needs):  NO  YES

If YES, please provide details:

Student currently has an **Individualized Education Plan (IEP)**  NO  YES: If YES, Current Designation(s):**PARENTS/LEGAL GUARDIANS:****Parent/Legal Guardian #1.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s)/Email: \_\_\_\_\_  
(Home) (Cell) (Work) (Email)Living with Student?  YES  NO / Has Custody?  YES  NO / Can Pick-Up?  YES  NO / Speaks English?  YES  NO

Address if Different from Student's: \_\_\_\_\_

**Parent/Legal Guardian #2.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s)/Email: \_\_\_\_\_  
(Home) (Cell) (Work) (Email)Living with Student?  YES  NO / Has Custody?  YES  NO / Can Pick-Up?  YES  NO / Speaks English?  YES  NO

Address if Different from Student's: \_\_\_\_\_

**CUSTODY:**Are there any legal documents in force re: Custody / Guardianship / Access?  YES  NOIf YES, have you provided the school with a copy of these legal documents?  YES  NO**CUSTODY-Agency Representative: (e.g., MCFD)** Continuing Custody Order  Temporary Custody OrderIf YES, have you provided the school with a copy of these legal documents?  YES  NO**EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)****Contact #3.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Can Pick-Up?  YES  NO / Speaks English?  YES  NO  
Check Those That Apply:  HOME /  CELL /  WORK**Contact #4.**

Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Can Pick-Up?  YES  NO / Speaks English?  YES  NO  
Check Those That Apply:  HOME /  CELL /  WORK**Out of District Contact:**First and Last Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Can Pick-Up?  YES  NO**I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE and acknowledge that it is my responsibility to ensure I notify the school of any changes to this information.**

Parent/Legal Guardian Name (please print): \_\_\_\_\_

Parent/Legal Guardian Signature (if student is under 19): \_\_\_\_\_ Date: \_\_\_\_\_