

**ELEMENTARY / MIDDLE
STUDENT REGISTRATION FORM
SCHOOL DISTRICT NO. 67 (OKANAGAN SKAHA)**

REGISTRATION DATE: _____ / _____ / _____
(YR) (MO) (DAY)

TIME OF REGISTRATION: _____

SHADED AREA FOR OFFICE USE ONLY					
CARMI	<input type="checkbox"/>	NARAMATA	<input type="checkbox"/>	TROUT CREEK	<input type="checkbox"/>
COLUMBIA	<input type="checkbox"/>	PARKWAY	<input type="checkbox"/>	UPLANDS	<input type="checkbox"/>
GIANT'S HEAD	<input type="checkbox"/>	QUEEN'S PARK	<input type="checkbox"/>	WEST BENCH	<input type="checkbox"/>
KVR	<input type="checkbox"/>	SKAHA LAKE	<input type="checkbox"/>	WILTSE	<input type="checkbox"/>
KALEDEN	<input type="checkbox"/>	SUMM. MIDDLE	<input type="checkbox"/>		
McNICOLL	<input type="checkbox"/>				

A. STUDENT IDENTIFICATION INFORMATION

LEGAL FAMILY NAME		LEGAL FIRST NAME	MIDDLE NAME(S)	BIRTHDATE _____/_____/_____ (YR) (MO) (DAY)	School Office Use only VERIFIED:
USUAL NAMES (IF DIFFERENT FROM ABOVE)	FAMILY		FIRST/MIDDLE	GENDER M <input type="checkbox"/>	F <input type="checkbox"/>
STREET		CITY	PROVINCE	POSTAL CODE	
MAIL ADDRESS (IF DIFFERENT FROM ABOVE)		HOME PHONE	EMERGENCY CONTACT PERSON (OTHER THAN PARENT/GUARDIAN)		
			NAME PHONE:		
FATHER - FAMILY NAME	FIRST NAME		PLACE OF WORK	WORK PHONE	CELL PHONE
MOTHER - FAMILY NAME	FIRST NAME		PLACE OF WORK	WORK PHONE	CELL PHONE
FAMILY DOCTOR		PHONE		CARE #	
IS STUDENT OF ABORIGINAL ANCESTRY? (FIRST NATIONS, METIS, INUIT, ETC.) YES <input type="checkbox"/> NO <input type="checkbox"/>		BAND NO.	BAND NAME		LIVING ON RESERVE? YES <input type="checkbox"/> NO <input type="checkbox"/>
LANGUAGE SPOKEN IN THE HOME		ENGLISH <input type="checkbox"/>	FRENCH <input type="checkbox"/>	OTHER (SPECIFY)	
PLACE OF BIRTH:	CANADA <input type="checkbox"/>	PROVINCE	CITY/TOWN		
	OTHER <input type="checkbox"/>	GIVE COUNTRY			

B. ENROLMENT INFORMATION

IS THIS A REGISTRATION FOR HOME SCHOOLING? YES <input type="checkbox"/> NO <input type="checkbox"/>	PRIMARY PROGRAM		INTERMEDIATE PROGRAM		
	KINDERGARTEN <input type="checkbox"/>	GRADE 2 <input type="checkbox"/>	GRADE 4 <input type="checkbox"/>	GRADE 6 <input type="checkbox"/>	GRADE 8 <input type="checkbox"/>
	GRADE 1 <input type="checkbox"/>	GRADE 3 <input type="checkbox"/>	GRADE 5 <input type="checkbox"/>	GRADE 7 <input type="checkbox"/>	

C. BACKGROUND DATA

HAS THIS CHILD ATTENDED ANY SCHOOL IN S.D. #67? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, WHICH SCHOOL?					
LAST SCHOOL ATTENDED, (IF DIFFERENT FROM ABOVE)	SCHOOL NAME	SCHOOL ADDRESS		CITY, PROVINCE	
HEALTH CONCERNS: ALLERGIES <input type="checkbox"/>		EYESIGHT <input type="checkbox"/>	HEARING <input type="checkbox"/>	SPEECH <input type="checkbox"/>	
LIFE THREATENING HEALTH CONDITIONS: NO <input type="checkbox"/>		YES <input type="checkbox"/> (if yes, request additional form which must be completed)			
NO HEALTH CONCERNS AT PRESENT TIME <input type="checkbox"/>					
HAS THIS CHILD EVER BEEN IN A SPECIAL EDUCATION PROGRAM OF ANY TYPE? YES <input type="checkbox"/> NO <input type="checkbox"/>		PROGRAM TYPE		WHEN?	
HAS CHILD EVER RECEIVED ANY LEARNING ASSISTANCE? YES <input type="checkbox"/> NO <input type="checkbox"/> WHEN?					
IS CUSTODY OF OR ACCESS TO THIS CHILD A CONCERN?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLEASE DISCUSS WITH PRINCIPAL	
SIGNATURE OF PARENT/GUARDIAN				E-Mail Address:	

ORIGINAL TO OFFICE:

COPY TO TEACHER:

COPY TO NURSE: