

**PRIMARY / INTERMEDIATE 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"/>
COLUMBIA	<input type="checkbox"/>	PARKWAY <input type="checkbox"/>
GIANT'S HEAD	<input type="checkbox"/>	QUEEN'S PARK <input type="checkbox"/>
KVR	<input type="checkbox"/>	SKAHA LAKE <input type="checkbox"/>
KALEDEN	<input type="checkbox"/>	SUMM. MIDDLE <input type="checkbox"/>
McNICOLL	<input type="checkbox"/>	
		TROUT CREEK <input type="checkbox"/>
		UPLANDS <input type="checkbox"/>
		WEST BENCH <input type="checkbox"/>
		WILTSE <input type="checkbox"/>
		HLP <input checked="" 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)		
FATHER - FAMILY NAME		FIRST NAME	PLACE OF WORK	PHONE: Work Phone Cell Phone	
MOTHER - FAMILY NAME		FIRST NAME	PLACE OF WORK	Work Phone Cell Phone	
HEAD OF HOUSEHOLD/GUARDIAN WITH WHOM STUDENT NORMALLY RESIDES (If different from above):			PARENT'S EMAIL ADDRESS		
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 ENROLMENT IN SCHOOL DISTRICT NO. 67 HOME BASED EDUCATION PROGRAM? <input type="checkbox"/>	<b>PRIMARY PROGRAM</b>			<b>INTERMEDIATE PROGRAM</b>		
	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"/>		
	<b>SECONDARY PROGRAM</b>		GRADE 9 <input type="checkbox"/>	GRADE 10 <input type="checkbox"/>	GRADE 11 <input type="checkbox"/>	GRADE 12 <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: 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)			
ALLERGIES <input type="checkbox"/> OTHER _____			
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 OR ACCESS OF THIS CHILD A CONCERN? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, PLEASE DISCUSS WITH PRINCIPAL			
SIGNATURE OF PARENT/GUARDIAN		→	