

2009 – 2010 School Year

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"/>	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"/>	HLP <input checked="" type="checkbox"/>
McNICOLL <input type="checkbox"/>		

A. STUDENT IDENTIFICATION INFORMATION

LEGAL FAMILY NAME		LEGAL FIRST NAME	MIDDLE NAME(S)	BIRTHDATE ____ / ____ / ____ (YR) (MO) (DAY)	<small>School Office Use only</small> 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(s) PHONE(s): RELATIONSHIP (to Student)		
FATHER - FAMILY NAME	FIRST NAME		PLACE OF WORK	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"/>	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"/>	
SECONDARY PROGRAM		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		➔	