



Elementary / Middle School

OFFICE USE ONLY

Date of Return

Time

Entering Grade Level: _____ English Program French Immersion Program (if available)

SCHOOL HISTORY

For students entering Kindergarten: Did your child attend an Early Learning Program? Yes No

Name of Preschool / StrongStart Centre / Other Program: _____

Last school attended: Name: _____ City: _____ Prov.: _____ Phone: () _____

Has your child previously attended any school in SD No. 67?: Yes No If yes, what school and year attended: _____

DD-MMM-YYYY

Siblings attending schools in SD 67? Name: _____ School: _____ Date of Birth: _____
 Name: _____ School: _____ Date of Birth: _____

STUDENT INFORMATION

Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	House # / Street					
Legal Last		City/Province	Postal Code				
Legal First		Home Phone			Unlisted: <input type="checkbox"/>		
Legal Middle	<i>If mailing address is different, please enter below:</i>						
<i>If legal name is different from preferred name - please indicate:</i>		Mailing Address					
Preferred Last			Aboriginal Ancestry	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Preferred First			<i>If yes, please indicate:</i>	Status on Reserve <input type="checkbox"/>	Inuit <input type="checkbox"/>		
Birth Date	Day: _____ Month: _____ Year: _____	Status Off Reserve <input type="checkbox"/>		Metis <input type="checkbox"/>			
Birthplace		Non Status <input type="checkbox"/>					
Language spoken at home			Consent to Aboriginal Program Involvement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Citizenship	Canadian Citizenship <input type="checkbox"/>	Landed Immigrant <input type="checkbox"/>	if student was born out of country parent/guardian MUST go to School Board Office to provide paperwork				
	Exchange Student <input type="checkbox"/>	Student VISA <input type="checkbox"/>					
Has your child received any of the following?	Special Education support / IEP: Yes <input type="checkbox"/>	Learning Assistance Support: Yes <input type="checkbox"/>	Behavioural support/ IEP: Yes <input type="checkbox"/>	Occupational/Physical Therapy support: Yes <input type="checkbox"/>	Speech Therapy support: Yes <input type="checkbox"/>	ELL support: Yes <input type="checkbox"/>	Gifted/Enrichment Yes <input type="checkbox"/>

PARENT(S)/GUARDIAN(S) INFORMATION - LIVING WITH STUDENT

First Parent/Guardian living with student: Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>	Second Parent/Guardian living with student: Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/>
Relationship _____ Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship _____ Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last Name _____ First Name _____	Last Name _____ First Name _____
Home Phone _____ Cell _____	Home Phone _____ Cell _____
Employment _____	Employment _____
Business Phone _____ Extension _____	Business Phone _____ Extension _____
E-mail _____	E-mail _____
1st Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____	2nd Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____
For Separated/Divorced parents: Custody: Joint <input type="checkbox"/> Sole <input type="checkbox"/> Guardianship: Joint <input type="checkbox"/> Sole <input type="checkbox"/>	
Legal restrictions regarding access: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, copy of legal documents must be provided.	
<i>Non-custodial parents are not entitled to access students, records, and school personnel unless legal documents are provided that state otherwise.</i>	

DAYCARE CONTACT INFORMATION

Daycare Name	Contact	Phone
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PARENT(S)/GUARDIAN(S) INFORMATION - NOT LIVING WITH STUDENT

Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/>				Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/>			
Relationship		Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>		Relationship		Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	
Last Name		First Name		Last Name		First Name	
Home Phone		Cell		Home Phone		Cell	
Employment				Employment			
Business Phone		Extension		Business Phone		Extension	
E-mail				E-mail			
House # /Street				House # /Street			
City/Postal Code				City/Postal Code			
3rd Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____				4th Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____			

ALTERNATE EMERGENCY CONTACT INFORMATION

#1 - Alternate Emergency Contact (Not Parent/Guardian)			#2 - Alternate Emergency Contact (Not Parent/Guardian)		
Last Name		First Name	Last Name		First Name
Relationship			Relationship		
Home Phone		Cell	Home Phone		Cell
Business Phone		Extension	Business Phone		Extension
Employment			Employment		

HEALTH INFORMATION

Physician	Dr. _____	Phone	_____	Student B.C. Care Card Number	_____
MEDICAL ALERT (Must Be Physician Diagnosed and Potentially Life Threatening) Yes <input type="checkbox"/> No <input type="checkbox"/>					
<i>If you have indicated yes to Medical Alert, YOU MUST COMPLETE a "Medical Alert Planning Form" available from the school office.</i>					
Medical condition that may require immediate action:					
Allergies that may require immediate action:					

A valid copy of the student's birth certificate (or other government issued proof of age and citizenship), a copy of student's BC Care Card, a copy of parent's BC Care Card, a copy of one parent/guardian's valid BC driver's license (or other acceptable supporting documentation), and proof of residential address **MUST** be attached to this form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY INFORMATION

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Your consent will be carried over from one year to the next unless you request removal of your consent. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District No. 67 (Okanagan Skaha), 425 Jermyn Ave., Penticton, BC V2A 1Z4, (250) 770-7700.

PARENT/GUARDIAN APPLICATION SIGNATURE and/or AUTHORIZATION FOR RECORDS

By signing this Application for Registration, I attest that I am the legal parent or legal guardian of the above student and I authorize the previous school to forward all student records to _____ School.

Legal Parent / Legal Guardian:	Please Print	Signature:	
Date:			

OFFICE USE ONLY	Student #:	Teacher / Division:	Start Date:
	Birthdate verified: <input type="checkbox"/>	Address verified: <input type="checkbox"/>	Residency verified: <input type="checkbox"/> School Records requested: <input type="checkbox"/>
	Citizenship verified by SBO (if applicable): <input type="checkbox"/>		Custody verified: <input type="checkbox"/> (if applicable)
	Verified by:		