

Student Registration Form	- 2023/2024 School Year
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		In Catchment Application (Neighbourhood School) Start Date: Grade:		
oast Mountains Board of Education So	Start Date: Grade:  English Program			
Student Registration Form – 2023/2024 School Year		Cross Boundary Application (School of Choice)		
		School Name:		
In Catchment School:		Date Submitted: FI Program □ (if applicable)		
		English Program D F1 Program D (11 applicable)		
LEGAL NAME: Surname	First	Middle		
NAME USED: Surname	First	GENDER: Male □ Female □ Other □ GRADE:		
BIRTH DATE: (Day) (Month) (Year)	H PROVINCE:	HOME LANGUAGE:		
PERSONAL EDUCATION NUMBER (PEN #):	1	PROOF OF AGE:		
ORDINARILY RESIDENT VERIFICATION COMPLETED (AS	S ATTACHED):			
STREET ADDRESS:(Number) (Apt/Suite #)	(Street Name)	POSTAL CODE:		
MAILING ADDRESS:	,	POSTAL CODE:		
(if differen	nt from above)	TOSTAL CODE.		
HOME PHONE:				
IMMIGRATION: (COPIES OF FEDERAL IMMIGRATION	DOCUMENTATION MUST I	BE PROVIDED)		
COUNTRY OF BIRTH:	IMMIGI	RATION STATUS:		
CITIZEN OF:	ENTRY DATE:	EXPIRATION DATE:		
LANGUAGE:				
LAST SCHOOL ATTENDED:		PHONE:		
FAX:				
ADDRESS:				
MINISTRY DESIGNATION: Yes No STU				
☐ ELL (English Language Learner) ☐ Speech ☐ Other (Str	udent Support)			
STUDENT LIVES WITH:	■ Father □ Other			
CUSTODY: Both Parents Mother Father Oth				
COSTODI. LI Boul Falents Li Mouliei Li Father Li Oui	ici.	Court Order. In res Into In Received		
PARENT/GUARDIAN'S NAME:				
Please Check One:		Other:		
ADDRESS IF DIFFERENT FROM STUDENT:				
EMPLOYER:				
WORK PHONE:				
CELL PHONE:				
☐ CAN PICK UP ☐ RECEIVE MAILINGS ☐ REC	CEIVE AUTO-DIALER CALLS	S □ RECEIVE EMAIL □ HAS PORTAL ACCESS		
PARENT/GUARDIAN'S NAME:				
Please Check One:	☐ Step Mother	Other:		
	-			
ADDRESS IF DIFFERENT FROM STUDENT:				
EMPLOYER:				
WORK PHONE:				
CELL PHONE:				
☐ CAN PICK UP ☐ RECEIVE MAILINGS ☐ REC	CEIVE AUTO-DIALER CALLS	S □ RECEIVE EMAIL □ HAS PORTAL ACCESS		

INDICALOUS ANCESTRY:   Insuit   Insuit	INDIGENOUS ANCESTRY IN	FORMATION	<u>N</u> :						
MEDICAL INFORMATION: CARE CARD NUMBER.  DOCTOR: PHONE.  DENTISE: PHONE.  ALLERGIES & HEALTH CONDITIONS:  LIFE THREATENING? Yes No.  STILIDENT PHERGENCY RESPONSE PLAN REQUIRED (LL. ANAPHYLAXIS, DIABETES, ETC.): Yes No.  STILIDENT PHERGENCY RESPONSE PLAN REQUIRED (LL. ANAPHYLAXIS, DIABETES, ETC.): Yes No.  SCHOOL-AGE NIBLINGS ATTENDING SCHOOL DISTRICT:  FERST NAME: LAST NAME: BIRTH DATE: RELATIONSHIP: GRADE & SCHOOL:  EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENTS GUARDIANS)  LAST NAME: FIRST NAME  HOME PHONE: CELL PHONE:  LAST NAME: FIRST NAME: FIRST NAME  HOME PHONE: WORK PHONE: PERMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: FIRST NAME: FIRST NAME  LAST NAME: FIRST NAME: FIRST NAME  LAST NAME: FIRST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: FIRST NAME: FIRST NAME  LAST NAME: WORK PHONE: CELL PHONE: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PHONE: CELL PHONE: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  LAST NAME: PREMISSION TO PICK LP STUDIENT? Ves No.  The information on this form is collected under the authority of the School Act. Information is used by the School District for Ministry of Education of Pick Lip Studient of Pick Lip Studient in accordinate with the Picklon of Pick Lip Studient of Pick Lip Studient in accordinate with the Pickle of Pickle Pickle Office of Pickle Office Of	INDIGENOUS ANCESTRY:	☐ Inuit	☐ Metis	□ Non-S	Status 🗖 Status C	off-Reserve	atus On-Reserve		
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DENTIST: PHONE  ALLERGIES & HEALTH CONDITIONS    LIFE THREATPHINT: Yes									
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HOME PHONE: WORK PHONE: CELL PHONE:  RELATIONSHIP TO STUDENT: PERMISSION TO PICK UP STUDENT? Yes No  LAST NAME: FIRST NAME: CELL PHONE:  RELATIONSHIP TO STUDENT: PERMISSION TO PICK UP STUDENT? Yes No  LAST NAME: FIRST NAME: FIRST NAME: No  LAST NAME: FIRST NAME: PERMISSION TO PICK UP STUDENT? Yes No  LAST NAME: PERMISSION TO PICK UP STUDENT? Yes No  The information on this form is collected under the authority of the School Act. Information is used by the School District for Ministry of Education exporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.  PARENT / GUARDIAN SIGNATURE: DATE:  POR OFFICE USE ONLY:  New Student Returning Student  Placement Teacher: Room Grade	RELATIONSHIP TO STUDENT:	:			PER	MISSION TO PICK U	JP STUDENT?	Yes	No
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RELATIONSHIP TO STUDENT:									
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DATE:	L  The information on this form is reporting, demographic, enroll.	collected und ment, budget	der the autho	ority of the	e School Act. Inform	nation is used by the	School District	for Minist	ry of Education
FOR OFFICE USE ONLY:  New Student Returning Student  Placement Teacher: Room Grade Grade	PARENT / GUARDIAN SIGN	NATURE: _				г	OATE:		
Placement Teacher: Room Grade	ADMINISTRATOR'S SIGNA	TURE:				г	OATE:		
Placement Teacher: Room Grade				FOR (	OFFICE USE ONLY	<b>;</b>			
				New Stud	dent	Student			
	Placement Teacher					Room		Cuc	le

## FREEDOM OF INFORMATION – PARENTAL CONSENT

(for the disclosure of parent/guardian information)

In accordance with the *Freedom of Information and Protection of Privacy Act*, Coast Mountains Board of Education School District 82, requires consent to use personal information for purposes unrelated to educational programs.

There are occasions when our school would like to have contact with parents/guardians to consult with them directly about school issues or meetings, or to plan school-related activities. To contact you for these purposes, we need consent for the disclosure of your name, home address and phone number to school district personnel, Parent Advisory Councils or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

IOI	r business of commercial purposes.	
	Yes, I give my consent for release of my home address and pho	one number for purposes consistent with the above
	No, I do not permit the release of my home address and phone	number for purposes consistent with the above.
dist	e information on this form is collected under the authority of the trict for Ministry of Education reporting, demographic, enrollment kept secure and confidential in accordance with the <i>Freedom of Info</i>	t, budget, facility and operational analyses. It wil
Pare	rent / Guardian Signature:	Date:
***	***************	*********
	ORDINARILY RESIDENT V	<b>ERIFICATION</b>
SUF	RNAME: FIRST NAME:	MIDDLE NAME:
	PERSONAL EDUCATION NUMBER (PEN #):	
<u>Pro</u>	oof of Residency for Parent/Guardian:	
Par	rent/Guardian Name:	
	BC CareCard OR BC Services Card	
And	d <b>ONE</b> of the following:	
	British Columbia Driver's License	
	Document indicating BC residency (i.e. utility bill)	
	Proof of ownership of a dwelling or long-term lease/rent agreen	nent
	Current income tax return filed as a BC resident	
<u>Pro</u>	oof of Residency for Student:	
	BC CareCard <b>OR</b> BC Services Card <b>OR</b> British Columbia Driv	ver's License
AN	ND:	
	Birth Certificate (proof of age)	
	Administrator Signature:	
	Date Information Received:	