

**Student Registration Form – 2026/2027 School Year****In Catchment School:** \_\_\_\_\_***In Catchment Application (Neighbourhood School)***

Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_

 English Program  French Immersion Program Gitxsanimx Immersion Program  Hockey Academy ***Cross Boundary Application (School of Choice)***

School Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

 English Program  FI Program  (if applicable)**LEGAL NAME:** Surname \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_**NAME USED:** Surname \_\_\_\_\_ First \_\_\_\_\_ GENDER: Male  Female  Other  GRADE: \_\_\_\_\_BIRTH DATE: \_\_\_\_\_ BIRTH PROVINCE: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_  
(Day) (Month) (Year)

PERSONAL EDUCATION NUMBER (PEN #): \_\_\_\_\_ PROOF OF AGE: \_\_\_\_\_

ORDINARILY RESIDENT VERIFICATION COMPLETED (AS ATTACHED): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
(Number) (Apt/Suite #) (Street Name)MAILING ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
(if different from above)

HOME PHONE: \_\_\_\_\_

**IMMIGRATION: (COPIES OF FEDERAL IMMIGRATION DOCUMENTATION MUST BE PROVIDED)**

COUNTRY OF BIRTH: \_\_\_\_\_ IMMIGRATION STATUS: \_\_\_\_\_

CITIZEN OF: \_\_\_\_\_ ENTRY DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

LANGUAGE: \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ PHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ GRADE PLACEMENT: \_\_\_\_\_  
MINISTRY DESIGNATION: Yes \_\_\_\_\_ No \_\_\_\_\_ STUDENT SUPPORTS:  IEP (Individual Education Plan)  SIP (Student Intervention Plan)  
 ELL (English Language Learner)  Speech  Other (Student Support) \_\_\_\_\_STUDENT LIVES WITH:  Both Parents  Mother  Father  Other: \_\_\_\_\_  
CUSTODY:  Both Parents  Mother  Father  Other: \_\_\_\_\_ Court Order:  Yes  No  ReceivedPARENT/GUARDIAN'S NAME: \_\_\_\_\_  
Please Check One:  Father  Mother  Step Father  Step Mother Other: \_\_\_\_\_  
ADDRESS IF DIFFERENT FROM STUDENT: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ HOME PHONE IF DIFFERENT FROM STUDENT: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CAN PICK UP  RECEIVE MAILINGS  RECEIVE AUTO-DIALER CALLS  RECEIVE EMAIL  HAS PORTAL ACCESSPARENT/GUARDIAN'S NAME: \_\_\_\_\_  
Please Check One:  Father  Mother  Step Father  Step Mother Other: \_\_\_\_\_  
ADDRESS IF DIFFERENT FROM STUDENT: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_  
WORK PHONE: \_\_\_\_\_ HOME PHONE IF DIFFERENT FROM STUDENT: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 CAN PICK UP  RECEIVE MAILINGS  RECEIVE AUTO-DIALER CALLS  RECEIVE EMAIL  HAS PORTAL ACCESS

**INDIGENOUS ANCESTRY INFORMATION:**INDIGENOUS ANCESTRY:  Inuit  Metis  Non-Status  Status Off-Reserve  Status On-Reserve

BAND OF RESIDENCE NAME: \_\_\_\_\_ BAND OF RESIDENCE NUMBER: \_\_\_\_\_

**MEDICAL INFORMATION:** CARE CARD NUMBER: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES &amp; HEALTH CONDITIONS: \_\_\_\_\_

LIFE THREATENING? Yes \_\_\_\_\_ No \_\_\_\_\_

STUDENT EMERGENCY RESPONSE PLAN REQUIRED (I.E. ANAPHYLAXIS, DIABETES, ETC.): Yes \_\_\_\_\_ No \_\_\_\_\_

**SCHOOL-AGE SIBLINGS ATTENDING SCHOOL DISTRICT:**

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ GRADE &amp; SCHOOL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: (OTHER THAN PARENTS/GUARDIANS)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ PERMISSION TO PICK UP STUDENT? Yes \_\_\_\_\_ No \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ PERMISSION TO PICK UP STUDENT? Yes \_\_\_\_\_ No \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ PERMISSION TO PICK UP STUDENT? Yes \_\_\_\_\_ No \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_ 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 and Child Care reporting, 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: \_\_\_\_\_

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY:** New Student  Returning Student

Placement Teacher: \_\_\_\_\_ Room: \_\_\_\_\_ Grade: \_\_\_\_\_

MyEdBC #: \_\_\_\_\_ Bus Route &amp; Stop: \_\_\_\_\_



## **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.

Yes, I give my consent for release of my home address and phone 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.

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Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## **ORDINARILY RESIDENT VERIFICATION**

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

PERSONAL EDUCATION NUMBER (PEN #): \_\_\_\_\_

### **Proof of Residency for Parent/Guardian:**

Parent/Guardian Name: \_\_\_\_\_

BC CareCard **OR** BC Services Card

And **ONE** 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 agreement
- Current income tax return filed as a BC resident

### **Proof of Residency for Student:**

BC CareCard **OR** BC Services Card **OR** British Columbia Driver's License

AND:

Birth Certificate (proof of age)

Administrator Signature: \_\_\_\_\_

Date Information Received: \_\_\_\_\_