



Student Registration Form – 2026/2027 School Year

In Catchment School:

LEGAL NAME: Surname First Middle

NAME USED: Surname First GENDER: Male Female Other GRADE:

BIRTH DATE: (Day) (Month) (Year) BIRTH PROVINCE: HOME LANGUAGE:

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

ORDINARILY RESIDENT VERIFICATION COMPLETED (AS ATTACHED):

STREET ADDRESS: (Number) (Apt/Suite #) (Street Name) POSTAL CODE:

MAILING ADDRESS: (if different from above) POSTAL CODE:

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 Received

PARENT/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

PARENT/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 & 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 & 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 & 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: _____

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: _____