

**SCHOOL DISTRICT NO. 20 (KOOTENAY-COLUMBIA)**

Revised March 2016

2001 Third Avenue, Trail BC V1R 1R6 – Phone 250.368.6434 / Fax 250.364.2470

**STUDENT REGISTRATION FORM**SCHOOL: festrongsstart@sd20.bc.ca

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

**This registration form is a legal document. It must be accurate and complete. All information will be treated confidentially.**Catchment area school: Fruitvale Elementary☐ Transfer approved – Date: \_\_\_\_\_

Cross-enrolled school (if applicable): \_\_\_\_\_

Cross-enrolled reason: \_\_\_\_\_

**STUDENT INFORMATION**Birth Gender: ☐ Male ☐ Female ☐ Other

Preferred Gender: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_

Usual Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Birthdate (day/month/year): \_\_\_\_\_

Proof of Age/Legal Name received and on file:

Registrar's Initials: \_\_\_\_\_

**Note: a student cannot be registered****without proof of legal name and age:**☐ Birth Certificate☐ Certificate of Citizenship☐ Court Order☐ Immigration Canada documents☐ Driver's License☐ PassportHome Phone: \_\_\_\_\_ ☐ Unlisted

Grade: \_\_\_\_\_

**ADDRESS INFORMATION**

Street Address: \_\_\_\_\_

Apt. No.: \_\_\_\_\_

Postal Code: \_\_\_\_\_

City: \_\_\_\_\_, BC

Proof of Residency: ☐

Registrar's Initials: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Is bussing required? ☐ Yes ☐ No➤ If yes, please complete a **Transportation Request Form – Student****ADMISSION INFORMATION**

Previous School/Preschool/Daycare/StrongStart: \_\_\_\_\_

School District No.: \_\_\_\_\_

Address (if known): \_\_\_\_\_

City &amp; Province: \_\_\_\_\_

**PARENTS/GUARDIANS (please request additional sheets if required)**

Relationship to Student: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ OtherLiving with Student: ☐ Yes ☐ NoSame as Student Address: ☐ Yes ☐ No

Address (if different): \_\_\_\_\_

City &amp; Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ ☐ Unlisted

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ OtherLiving with Student: ☐ Yes ☐ NoSame as Student Address: ☐ Yes ☐ No

Address (if different): \_\_\_\_\_

City &amp; Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ ☐ Unlisted

Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CUSTODY/GUARDIANSHIP/ACCESS**Are there any legal documents in force re: custody/guardianship/access? ☐ Yes ☐ No

If yes, please describe briefly: \_\_\_\_\_

Have you provided a copy of these legal documents to the school? ☐ Yes ☐ No



EMERGENCY CONTACT INFORMATION #1	EMERGENCY CONTACT INFORMATION #2
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

SIBLING INFORMATION	(1)	(2)	(3)	(4)
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birthdate (d/m/y):	_____	_____	_____	_____
School:	_____	_____	_____	_____
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other

MEDICAL INFORMATION	
<input type="checkbox"/> I understand that the school will secure emergency transport to medical services in the event that my child is injured and that I will be responsible for any costs associated with such transport.	
Doctor Name: _____	Phone: _____
Dentist Name: _____	Phone: _____
Care Card Number: _____	
Allergies/Conditions: _____	Life-threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No
Life-threatening condition: _____	
<i>If your child suffers from allergies/conditions, life-threatening or non-life-threatening, please complete the following as appropriate:</i>	
➤ Medical Alert Planning Form	➤ Asthma Care Plan
➤ Anaphylaxis Emergency Action Plan/Form	➤ Seizure Follow-Up
➤ An Epi-Pen Emergency – Transportation Emergency	➤ Diabetes Care Plan
	➤ Self-Administered Medication
	➤ Request for Administration of Medication at School

IMMIGRATION/CITIZENSHIP STATUS	ABORIGINAL ANCESTRY
Country of Birth: _____	Do you have Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language at Home: _____	If yes, would you like to receive Aboriginal Support Services?
Status in Canada: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="display: flex; justify-content: space-between;"> <span>Student</span> <span>Parent</span> </div>	Band Number, if applicable: _____
Canadian Citizen <input type="checkbox"/>	<input type="checkbox"/> Status – Off Reserve <input type="checkbox"/> Status – On Reserve
Permanent Resident / Landed Immigrant <input type="checkbox"/>	<input type="checkbox"/> Metis <input type="checkbox"/> Inuit
International Student <input type="checkbox"/>	<input type="checkbox"/> Non-Status
Student Visa <input type="checkbox"/>	

KINDERGARTEN REGISTRATION ONLY	
Has your child received any of the following intervention services?	Has your child had his/her hearing tested? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Counselling	Has your child had his/her eyes tested? <input type="checkbox"/> Y <input type="checkbox"/> N

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA)	
<b>Personal Information</b>	
There are occasions when our school would like to have contact with parents to consult 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.	
<input type="checkbox"/> <b>YES – I give my consent</b> for release of my home address and phone number for purposes consistent with the above.	Initial: _____
<input type="checkbox"/> <b>NO – I do not permit</b> the release of my home address and phone number for purposes consistent with the above.	Initial: _____
Should you wish to change your consent at any time, please contact your School Principal.	





**FOIPPA continued ...**

**Release of Student Photographs**

It is a tradition in our school district to allow district staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district. While photographs add to the community life in our schools, they are not required for educational purposes. Students' names, photographs, and comments may be published in the school electronic database, school yearbook, school and/or district website or newsletter, or in the news media.

<input type="checkbox"/> <b>YES – I give my consent</b> for release of my child's photo for purposes consistent with the above.	Initial:
<input type="checkbox"/> <b>NO – I do not permit</b> the release of my child's photo for purposes consistent with the above.	Initial:

*Should you wish to change your consent at any time, please contact your School Principal.*

**CANADA'S ANTI-SPAM LEGISLATION – Parental Consent to receive emails that may contain items considered commercial**

In accordance with Canada's Anti-Spam Legislation, School District No. 20 (Kootenay-Columbia) requires consent to send you what in certain circumstances would constitute a commercial electronic message. Nothing in the Act restricts the district from emailing you newsletters, school or district updates, but some emails may be viewed as a commercial electronic message (eg, information about buying a school yearbook, student photos, book fairs, hot meals or field trips that cost money) or similar events and offers. Any offers or advertising email will be directly related to the school's/district's operations. Your email will not be disclosed to anyone beyond the school, district, or parent advisory councils for business or commercial purposes. To ensure compliance with this legislation we are requesting your consent.

<input type="checkbox"/> <b>YES – I give my consent</b> to receive emails from my school/parent advisory council/district parent advisory council for purposes consistent with the above. Email: _____	Initial:
<input type="checkbox"/> <b>NO – I do NOT give my consent</b> to receive emails from my school/parent advisory council/district parent advisory council for purposes consistent with the above.	Initial:

*Should you wish to change your consent at any time, please contact your School Principal.*

**BC SCHOOL SPORTS (Grade 8-12 students only)**

All students participating in secondary school athletics in School District No. 20 must be registered with BC School Sports.

<input type="checkbox"/> <b>I authorize</b> disclosure of my child's name, birthdate, current grade, year my child entered Grade 8, and previous school to BC School Sports for registration purposes.	Initial:
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**DECLARATION BY PARENT, LEGAL GUARDIAN, OR INDEPENDENT STUDENT**

**I hereby certify the foregoing information to be true, correct and complete.**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ PEN: \_\_\_\_\_  
Bus Route #: \_\_\_\_\_ Bus Stop: \_\_\_\_\_ ☐ MyEdBC release requested from previous school

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORMS COMPLETED, SIGNED AND RETURNED**

<input type="checkbox"/> Transportation Request Form - Student	<input type="checkbox"/> Anaphylaxis Emergency Action Plan/Form
<input type="checkbox"/> Medical Alert Planning Form	<input type="checkbox"/> An Epi-Pen Emergency – Transportation Emergency
<input type="checkbox"/> Asthma Care Plan	<input type="checkbox"/> Self-Administered Medication
<input type="checkbox"/> Diabetes Care Plan	<input type="checkbox"/> Request for Administration of Medication at School
<input type="checkbox"/> Seizure Follow-Up	