



# School Admission/Registration For School Year: 2021-22

|                        |                    |
|------------------------|--------------------|
| <b>Office Use Only</b> | Date: _____        |
| Pupil #: _____         | Number: _____      |
| Grade Level: _____     | Homeroom/TA: _____ |

### Student Information

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

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

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

Birth Date: \_\_\_\_\_ Gender At Birth:  Female  Male  
DD MM YYYY  
 Gender Identity:  Female  Male  Non-Binary  
(If Applicable)

Original Birth Certificate  Canadian Passport  Landed Immigrant Authorization  INAC Status Card

Home Phone: \_\_\_\_\_ Student Cell: \_\_\_\_\_ Student Work: \_\_\_\_\_

Unlisted Phone: \_\_\_\_\_ Student Email: \_\_\_\_\_

**Custody** (Select One):  Both Parents  Mother  Father  Other (specify): \_\_\_\_\_

Court Order:  No  Yes (please describe) \_\_\_\_\_

*NOTE: An up-to-date copy of the court order must be on file with the school.*

Home Address: \_\_\_\_\_  
Street Address City Province Postal Code

**Proof of Residential Address:** Please provide documentation of your residential address with this registration form. For up to date information about proof of address documentation requirements, please refer to the Registration Guide available in schools or at [www.sd61.bc.ca](http://www.sd61.bc.ca).

Birthplace: \_\_\_\_\_ Home Language: \_\_\_\_\_  
City Province/State Country

Name(s) of Sibling(s) at this school: \_\_\_\_\_

Previous School and Grade: \_\_\_\_\_ Student ever attended a BC school?  Yes  No

|   |  |  |
|---|--|--|
| <b>Indigenous Ancestry</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>If Yes, please complete the boxes to the right → and the consent below ↓</i> | <input type="checkbox"/> Status →→→<br><input type="checkbox"/> Non-Status<br><input type="checkbox"/> Metis<br><input type="checkbox"/> Inuit | If Status, indicate if Off Reserve or On Reserve<br><input type="checkbox"/> Off Reserve <input type="checkbox"/> On reserve – Songhees <input type="checkbox"/> On reserve - Esquimalt<br><input type="checkbox"/> On reserve - Other (Please specify): _____<br>Nation/Band of Origin: _____ |
|---|--|--|

**Consent for Indigenous Programming**  Yes  No  
 The Indigenous Education Department of School District 61 offers supplementary and enhanced programming that is culturally specific that incorporates Indigenous worldviews and First Peoples Principles of Learning this includes academic and social emotional wellness support as well as land based education. The Indigenous Education Department website offers a broader explanation <https://ied.sd61.bc.ca>

| Parent/Guardian Information   | Parent/Guardian Information   |
|---|---|
| Last Name: _____  | Last Name: _____  |
| First Name: _____   | First Name: _____   |
| <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____ | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify): _____ |
| Home Address: <input type="checkbox"/> Same as student <input type="checkbox"/> Different (add below)           | Home Address: <input type="checkbox"/> Same as student <input type="checkbox"/> Different (add below)           |
| Street _____ City _____ Province _____ Postal Code _____  | Street _____ City _____ Province _____ Postal Code _____  |
| Home Phone: _____ Cell Phone: _____   | Home Phone: _____ Cell Phone: _____   |
| Place of Employment: _____  | Place of Employment: _____  |
| Work Phone: _____ Ext.: _____   | Work Phone: _____ Ext.: _____   |
| Email Address: _____  | Email Address: _____  |

Please complete page 2 on back

**Emergency Contact Other Than Parent(s)**  
*custodial parents will always be contacted first*

**Emergency Contact Other Than Parent(s)**  
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First Name: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

Can this contact pick up the student?  Yes  No

Can this contact pick up the student?  Yes  No

**Medical Information**

Care Card No: \_\_\_\_\_ - \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

*Doctor's contact information is required if student has a life-threatening condition.*

**Life Threatening Health Condition:**  Yes  No

*If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school.*

The life-threatening health conditions that apply to this student are:

- Anaphylaxis – describe allergen(s) details below  Asthma that has resulted in hospitalization in the last year  
 Blood clotting disorder (ex. haemophilia)  Diabetes  
 Epilepsy with history of Tonic-Clonic (Grand Mal) seizures in the past two years  
 Serious Heart Condition  Other health conditions that may require emergency care.

Please provide details about the condition(s) as necessary: \_\_\_\_\_

**Non-life-threatening conditions**

If the student has a non-life-threatening health condition which may affect their ability to function at school please indicate here:

**Medical Administration – Please contact school staff to discuss**

- I request that the student receive assistance with, or be supervised during, medication administration in an emergency.  
 The student requires medications to be administered during the school hours for one month or longer.

Name of medication(s): \_\_\_\_\_

**Parental Authority for Regular School Journeys**

- I give my permission for this student to participate in school field trips for the school year. I understand that I will be notified of all field trips taken.  
 I prefer to give separate written permission for each field trip the student will attend.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

The school has a Parent Advisory Council (PAC) that represents the parents and engages in activities in support of the school. The school PAC is a member of the Victoria Confederation of Parent Advisory Councils (VCPAC). The school will make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC and to VCPAC for contact purposes. I give permission for the release of my name, home phone number, mailing address, and the student's name and grade to the school.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**I Certify that the information provided on this form is correct**

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

*The information on this form is collected under the authority of the School Act. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your school principal.*