



School Admission/Registration For School Year: 2021-22

Office Use Only	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.

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

Indigenous Ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please complete the boxes to the right → and the consent below ↓</i>	<input type="checkbox"/> Status →→→ <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	If Status, indicate if Off Reserve or On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/> On reserve – Songhees <input type="checkbox"/> On reserve - Esquimalt <input type="checkbox"/> On reserve - Other (Please specify): _____ Nation/Band of Origin: _____
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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: _____
Last Name: _____
Relationship to Student: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Ext.: _____
Email Address: _____
Can this contact pick up the student? Yes No

First Name: _____
Last Name: _____
Relationship to Student: _____
Home Phone: _____ Cell: _____
Work Phone: _____ Ext.: _____
Email Address: _____
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.