

Ecole Central Elementary
Student Registration - School District 60

Date: _____

Time: _____

Demographics

Grade: _____

Homeroom: _____

Legal Last _____

Home Phone _____

Unlisted

Legal First _____

Physical Street Address _____

Legal Middle _____

RR / SS / PO Box _____

Usual Last _____

City _____

Usual First _____

Prov _____

Usual Middle _____

Postal Code _____

Gender M / F

CareCard No _____

Date of Birth dd / mm / year _____

Proof of Age _____

Previous School Information & Authorization for Release of Student Records

Previous District & School including Strong Start _____

Previous School's Address _____

Previous Grade (EL if Strong Start) _____

Student Legal Alerts - Court Order Required

Yes

No

Complete, Signed, and Stamped order to be provided for file by parent.

Student Life Threatening Medical Alert

Description _____

Other Student Alerts - Non Life Threatening Medical/Family or Other

Description _____

Other Relevant Information - if applicable

Legal Custody _____ Living With _____ Court Order Yes / No

Citizenship

Country of Birth _____ Visa Status _____

Country of Citizenship _____ Visa Expiry Date _____

Declaration

The information on this form is collected under the authority of the School Act, Section 13 and 79. 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 collected on this form 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 Administrator.

I hereby declare that the registration information provided on this document is true, correct and complete to the best of my knowledge. My signature also authorizes the release of student information & records from the previous school.

Parent / Guardian Signature _____

Language and Culture

Home Language _____

Language Most Used by Child _____

First Language of Child _____

Indigenous Ancestry

Yes No

If yes please indicate

Inuit

Status On Reserve

Metis

Status Off Reserve

Non-Status

Band of Origin _____

Band of Residence _____

Parent / Guardian

Parent / Guardian

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Lives with Student Y / N

Address if different _____

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Lives with Student Y / N

Address if different _____

Emergency Contact

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Contact can pick up Y / N

Emergency Contact

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Contact can pick up Y / N

In School Sibling Information

Sibling 1

Sibling 2

Sibling 3

Sibling 4

Sibling 5

First Name _____

Last Name _____

Office Use

Out of Catchment Yes / No

Proof of Age Attached

Waivers Provided (Media, CASL, Learn60, FruitsVeg)

Proof of Residence - Circle One

Family Courier Yes / No

Initial _____

Initial _____

BCID Credit Card Invoice BC Drivers Licence Mortgage Statement Municipal Tax Bill Notary Auth. Letter Rental Agreement Utility Bill