

STUDENT REGISTRATION FORM
CATCHMENT SCHOOL: _____

OFFICE USE ONLY

Registration Date: _____ Enrollment Start Date: _____

Grade: _____ YOG: _____ Student #: _____ PEN: _____ French Program: Immersion Early Late

Registration Documentation (check ✓ when verified):

Student Proof of Age Student Proof of Citizenship Parent Proof of Citizenship Proof of Guardianship Proof of Address / Residence

Additional Documentation:

Out of Catchment?: Yes No Non-Catchment Area Form Non-District Form District Placement (sch code): [_____]

Non-Catchment Area Request (school code): [_____] Traditional School Request (school code): [_____]

TIME & DATE OF RECEIPT OF THIS FORM MUST BE RECORDED BY THE CATCHMENT AREA SCHOOL: _____

Legal Restrictions For Access To Student? (If yes, copy of legal document must be on file at school)

Staff Initial

Homeroom/Div. #: _____ Teacher Name: _____ Records Requested Bus Student Home Schooling

PLEASE PRINT CLEARLY

PREVIOUS SCHOOL/DISTRICT (Including StrongStart)

District: _____ School Name: _____

Province/Country: _____ School Language: _____

STUDENT INFORMATION

LEGAL Last Name: _____ PREFERRED Last Name: _____

LEGAL First Name: _____ PREFERRED First Name: _____

LEGAL Middle Name: _____ PREFERRED Middle Name: _____

Home Phone Number: _____ Student Cell Phone Number: _____

Gender: Female Male Birth Date: _____ Age: _____
 (month / day / year)

STUDENT ADDRESS

Unit #: _____ House # and Street Name: _____

City: _____ Province: _____ Postal Code: _____

CUSTODY INFORMATION

Custody: Both Parents Yes No If no, please indicate custody: _____

Custody Order? Yes No (If Yes, copy is required) Student Living With: _____

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES

Priority #1 Relationship: _____	Priority #2 Relationship: _____
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Cell Phone: _____ Work: _____	Cell Phone: _____ Work: _____
Email: _____	Email: _____

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD DOES NOT RESIDE

Priority #3 Relationship: _____ First Name: _____ Last Name: _____
Unit #: _____ House # and Street Name: _____ City: _____ Prov.: _____
Postal Code: _____ Home Phone: _____ Cell: _____ Work Phone: _____
Email: _____ Can pick up? Yes No

SIBLING(S) CURRENTLY ATTENDING SCHOOL IN DELTA

Sibling #1 Current Grade: _____ **Sibling #2** Current Grade: _____ **Sibling #3** Current Grade: _____
Name: _____ Name: _____ Name: _____
School: _____ School: _____ School: _____

MEDICAL INFORMATION/ALERTS BC Services Card – Personal Health # _____

Allergies/Health Conditions: _____

Life Threatening Conditions?: _____

Has Epi Pen Additional Health Information: _____

CITIZENSHIP / LANGUAGE & CULTURE

Country of Birth: _____ Country of Citizenship: _____

If applicable, Visa Status: _____ Visa Exp. Date: _____ B.C. Entry Date: _____

Home Language: _____ Language Most Used: _____ First Language: _____

PROGRAMS

ENGLISH LANGUAGE LEARNER (ELL) ELIGIBILITY: Students are eligible for ELL support when the primary language spoken at home is a language other than English and the student meets eligibility requirements after assessment. **IS YOUR CHILD IN THIS CATEGORY?** Yes No

SPECIAL LEARNING NEEDS: Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child? Yes No **If Yes, please describe:** _____

INDIGENOUS ANCESTRY

SELF VOLUNTEERED INFORMATION: INDIGENOUS EDUCATION SERVICES ARE AVAILABLE FOR STUDENTS OF INDIGENOUS

ANCESTRY. Student is of Indigenous Ancestry: Yes (Status Indian, Non-Status Indian, Metis or Inuit) **NATION:** _____

Information on this form is collected under the authority of the *School Act* and will be used for educational program purposes and when required may be provided to health services, social services or other support services as outlined in the *School Act*. The information collected is protected under the Freedom of Information and Protection of Privacy Act.

IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, THE SCHOOL SHOULD CALL:

Priority #10 Relationship: _____	Priority #11 Relationship: _____
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Home Phone: _____ Cell: _____	Home Phone: _____ Cell: _____
Work phone: _____ Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work phone: _____ Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No

EMAIL COMMUNICATION

Canada's new anti-spam legislation requires us to obtain your consent in order to provide you with the electronic information about many of the happenings and events occurring at your child's school or within our school district. As a result, the Board of Education of School District No. 37 (Delta) would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions relevant to our students and families. Examples of such messages include information about field trips, fundraising, yearbooks, student pictures, dance tickets, hot lunches, Continuing Education programs, or similar events and offers.

If you wish to receive the above communications from us, please identify your consent below. Each parent/guardian must complete and sign below.

Guardian #1: Name (First and Last): _____

I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** _____

Guardian #2: Name (First and Last): _____

I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** _____

Guardian #3: Name (First and Last): _____

I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** _____

You may change your consent at any time by signing into Parent Connect and selecting the appropriate option or by informing your school in writing (either via email or printed note) that you choose to no longer receive email communication from the school, school district or staff relating to messages that may contain advertising or promotions.

VERIFICATION – LEGAL PARENT / GUARDIAN

I certify that the information I have provided on this form is correct.

Parent / Guardian Name (Please print)

Date:

Parent/Guardian Signature

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting; demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.