Gulf Islands School District 64
A Community of Learners

Student Registration Form

School District No. 64 (Gulf Islands)
112 Rainbow Road, Salt Spring Island, BC V8K 2K3
Telephone: 250-537-5548 or 1-855-481-5548 Fax: 250-537-4200

Kindergarten ☐ Grade 1 to 12 ☐ Late Fr Immersion (Gr. 6 entry) ☐ Fr Immersion (Gr. 9 to 12) ☐
Nature / Ecological ☐ Home Learning Partner ☐ SEEC ☐ MYSEEC ☐

Please bring student's original Birth Certificate or Passport AND Proof of Residency with this form to the school.

Last School Attended: ______________________ Catchment Area School: ______________________

School requested: ______________________ Entering Grade: ______________

Application Date: ______________________ Time: ______________________

Legal Name: ____
Last *First* *Middle*

Usual Name: ____
Preferred Last *Preferred First* *Preferred Middle*

Gender: ☐ Male ☐ Female Birthdate (dd-mm-yyyy): ______________ Out-of-Catchment: ☐ Yes ☐ No
Out-of-District: ☐ Yes ☐ No

Street Address: ____

Mailing Address (if different from street address): ______________________

City: ______________________ Postal Code: ______________

Home Phone: ______________ Unlisted: ☐ Yes ☐ No Bus Student: ☐ Yes ☐ No Water Taxi Student: ☐ Yes ☐ No

Language at Home: ______________________ Student's First Language: ______________________

Birthplace: ______________________ Citizenship: ______________________
City / Province / Country *Documents required if other than Canadian*

Aboriginal Ancestry: ☐ Inuit ☐ Metis ☐ Non-status ☐ Status on Reserve ☐ Status off Reserve

FATHER / GUARDIAN

Name *(First and Last)*: ____

Relationship *(if not father)*: ______________ Home Phone: ______________ Unlisted: ☐ Yes ☐ No

(Legal document required)

Place of Employment: ______________ Work Phone: ______________ ext. ______ Available at work: ☐ Yes ☐ No

Cell Phone: ______________________ Email Address: ______________________

MOTHER / GUARDIAN

Name *(First and Last)*: ____

Relationship *(if not mother)*: ______________ Home Phone: ______________ Unlisted: ☐ Yes ☐ No

(Legal document required)

Place of Employment: ______________ Work Phone: ______________ ext. ______ Available at work: ☐ Yes ☐ No

Cell Phone: ______________________ Email Address: ______________________

CUSTODY

Student lives with: ☐ Both Parents ☐ Other: ______________________
(Please specify relationship to student)

Custody: ☐ Both Parents ☐ Other: ______________________

Legal document is required if there is a custody issue. *(Please specify relationship to student)*

BROTHERS AND SISTERS (Legal Names)	Gender	Date of Birth (dd-mm-yyyy)	Grade	School

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CONTACTS	**Can pick up student Please number in order of priority**		**Telephone Number**
Daycare:		☐	
Other (1)	Relationship:	☐	
Other (2)	Relationship:	☐	
Earthquake Release Contact:	Relationship:	☐	
Emergency Evacuation Contact:	Relationship:	☐	

MEDICAL INFORMATION: Please mark the box that applies if your child has one of the following serious medical conditions that may require emergency care during school hours – **911 will be called.**

- ☐ Diabetes
- ☐ Allergy producing **anaphylactic type response** needing hospitalization
- ☐ Adrenalin
- ☐ Severe asthma requiring emergency treatment
- ☐ Epilepsy with a history of seizures in the past two (2) years
- ☐ Blood clotting disorders (e.g., haemophilia that requires immediate medical care in the event of injury)
- ☐ Other: ______________________________

Doctor: ______________________ **Phone:** ______________________ **Care Card Number:** ______________

Does your child routinely require medication during school hours? ☐ Yes ☐ No

Special medical instructions: ______________________________

SPECIAL EDUCATION

- ☐ Student requires special education services
- ☐ Student requires an IEP (Individual Education Plan)
- ☐ Student has Ministry designation (specify) ______________________________
- ☐ Other ______________________________

TRANSFER INFORMATION – Previous School

School District: ______________________________

School Name and Address: ______________________________

Phone Number: ______________________ Year: ______________ Grade: ______________

The information on this form is collected under the authority of the *School Act,* Sections 13 and 97. Information provided 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 Section 79(2) of the *School Act*. Information on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the principal of your school.

I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.

Parent / Legal Guardian Signature: **Date:**

Office Use Only

Date Received: ______________________ Time: ______________________

MyEducationBC Pupil Number: ______________________ Ministry PEN Number: ______________________

Proof of Age: ☐ Birth Cert. ☐ Citizenship ☐ Passport ☐ Driver's License ☐ Other: ______________

MyEducationBC Admitted: ☐

☐ Field Trip ☐ Internet Use ☐ Photo Release Year of Graduation (YOG) ______________