Greater VICTORIA School District

School Admission/Registration Form for School Year: 2020 - 2021

Office Use Only:
Pupil No. _____ Number: _____
Date: _____
Grade Level: _____ Homeroom/TA: _____

Legal **Last** Name: _____ Usual **Last** Name: _____

Legal **First** Name: _____ Usual **First** Name: _____

Legal Middle Name(s): _____ Usual Middle Name(s): _____

Birth Date: _____-_____-_____ (dd mmm yyyy)

Gender at birth: ☐ Male ☐ Female

Gender Identity (if applicable): ☐ Male ☐ Female ☐ Non-binary

Proof of Age (please present documentation) ☐ original Birth Certificate ☐ Canadian Passport ☐ Landed Immigrant Authorization ☐ INAC Status Card

Home Phone: _____ Student Work #: _____ Student Cell #: _____

Unlisted Phone: _____ Student Email: _____

Custody (select one): ☐ Both Parents ☐ Mother ☐ Father ☐ Other, specify: _____

Court Order? ☐ No ☐ Yes If Yes, describe _____ *Note: a copy of an up-to-date 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: _____
City Province Country

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

Aboriginal Ancestry
☐ Yes ☐ No
(if **Yes**, please complete boxes to the right)

☐ Status →
☐ Non-Status
☐ Metis
☐ Inuit

If **Status**, indicate if Off Reserve or On Reserve:
☐ Off reserve ☐ On reserve - Band of Residence: ☐ Songhees ☐ Esquimalt
☐ Other (please specify): _____
Nation/Band of Origin: _____

Previous School: _____ Name of Sibling(s) at this School: _____

Previous Grade: _____ Ever attended a school in BC? ☐ Yes ☐ No

Parent/Guardian Information

Last Name: _____ First Name: _____

Parent Type: ☐ Mother ☐ Father ☐ Other, specify: _____

Home Address: Same as student ☐
(specify address below if this parent's address is different than the student's address)
_____
Street City Prov Postal Code

Home Phone: _____

Place of employment: _____

Work #: _____ Ext. _____

Cell #: _____

Email address: _____

Parent/Guardian Information

Last Name: _____ First Name: _____

Parent Type: ☐ Mother ☐ Father ☐ Other, specify: _____

Home Address: Same as student ☐
(specify address below if this parent's address is different than the student's address)
_____
Street City Prov Postal Code

Home Phone: _____

Place of employment: _____

Work #: _____ Ext. _____

Cell #: _____

Email address: _____

PLEASE COMPLETE PAGE 2 ON BACK →

Emergency Contact other than parents (custodial parents will always be contacted first)

First Name: _____

Last Name: _____

Relationship to student: _____

Home #: _____ Cell #: _____

Work #:_____ Ext _____

Email address: _____

Can this contact pick up the student? ☐ Yes ☐ No

Emergency Contact other than parents (custodial parents will always be contacted first)

First Name: _____

Last Name: _____

Relationship to student: _____

Home #: _____ Cell #: _____

Work #:_____ Ext _____

Email address: _____

Can this contact pick up the student? ☐ Yes ☐ No

Before/After School Care: _____ Phone: _____ Cell: _____

Medical Information

CareCard No: _____-_____-_____ Family Doctor: _____ Phone: _____

Doctor's contact information 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:

- ☐ Anaphylactic - Allergen(s): _____
- ☐ Asthma that has resulted in hospitalization in the past year _____
- ☐ Blood Clotting Disorder (e.g. haemophilia) _____
- ☐ Diabetes _____
- ☐ Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years _____
- ☐ Serious Heart Condition (e.g. heart murmur, heart repair) _____
- ☐ Other Health Conditions which may require emergency care - please specify: _____

Non-life-threatening health conditions:

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

_____

Medication Administration:

☐ I request that the student receive assistance with, or be supervised during, medication administration in an emergency.
Please contact school staff to discuss.

☐ The student requires medications to be administered during school hours for one month or longer.
Please contact school staff to discuss.

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 to be taken.

☐ I prefer to give separate written permission for each field trip that this 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 PAC ☐ and to VCPAC ☐. (Check each box to indicate that permission is given for each and then provide a signature below.)

_____ _____
Signature of Parent/Guardian Date

I certify that the information I have 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.