



SCHOOL DISTRICT No. 63 (SAANICH) STUDENT REGISTRATION FORM

PLEASE PRINT CLEARLY

LEGAL First Name		LEGAL Family Name		LEGAL Middle Name		No Legal Middle Name <input type="checkbox"/>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
USUAL Family Name(s) (if different)		PREFERRED First Name (if different)		PREFERRED Middle Name (if different)			
Birth Date ____ / ____ / ____ dd mm yyyy		Age		<b>For Office Use Only</b>			
Home Phone ( )		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No		Entering Grade _____		<b>PROOF OF LEGAL NAME &amp; AGE</b>	
				<input type="checkbox"/> BC Identification <input type="checkbox"/> Court Order <input type="checkbox"/> INAC Status Card <input type="checkbox"/> Vital Statistics Documents		<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> Care Card	
				<input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Documents <input type="checkbox"/> Permanent Resident Card		Staff Initials _____	
Home Address Street No. Street Name		Apt. No.		City		Postal Code	
<b>For Office Use Only</b>		<b>CATCHMENT STATUS</b>		<input type="checkbox"/> In Catchment		<input type="checkbox"/> Out of Catchment	
<b>PROOF OF ADDRESS</b>		<input type="checkbox"/> Credit Card Invoice		<input type="checkbox"/> Driver's Licence		<input type="checkbox"/> Mortgage Statement	
		<input type="checkbox"/> Municipal Tax Bill		<input type="checkbox"/> Rental Agreement		<input type="checkbox"/> Utility Bill	
Mailing Address if different from Home Address		Street No. Street Name		Apt. No. City		Prov Postal Code	
<b>Ever attended a BC School</b>		<b>Previous District</b>		<b>Previous School, / StrongStart</b>		<b>Previous School Prov</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Previous School Country</b>	
						<b>Previous School Phone (if known)</b>	
						( )	
						<b>Previous School Fax</b>	
Name of sibling(s) at this school							
BIRTHPLACE		Country of Birth: _____		Prov. of Birth: _____		<b>For Office Use Only - CITIZENSHIP</b>	
						<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International Funding Eligible <input type="checkbox"/> International Funding <b>Not</b> Eligible	
						<input type="checkbox"/> Out of Prov Cdn - Funding <b>Not</b> Eligible <input type="checkbox"/> Permanent Res / Landed Immigrant	
						Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____	
<b>PLEASE COMPLETE IF FIRST NATIONS ANCESTRY</b>				<b>BAND OF RESIDENCE</b>			
<input type="checkbox"/> Metis <input type="checkbox"/> FN <input type="checkbox"/> Status – on reserve <input type="checkbox"/> Inuit <input type="checkbox"/> Status – off reserve <input type="checkbox"/> Non Status				<input type="checkbox"/> 0652 - Pauquachin <input type="checkbox"/> 0653 - Tsartlip <input type="checkbox"/> 0654- Tsawout <input type="checkbox"/> 0655 - Tseycum <input type="checkbox"/> Other – No. _____ Name _____ DIA # _____			

**SPECIAL LEARNING CONSIDERATIONS**

\_\_\_\_\_

\_\_\_\_\_

<b>CUSTODY</b>			<b>LIVES WITH</b>		
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> <b>COURT ORDER</b> (copy in student file) <input type="checkbox"/> Other (specify) _____			<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Joint Custody <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> <b>PARENT</b> or <input type="checkbox"/> <b>LEGAL GUARDIAN</b>			<input type="checkbox"/> <b>PARENT</b> or <input type="checkbox"/> <b>LEGAL GUARDIAN</b>		
Last Name		First Name	Last Name		First Name
Address (if not living with student)			Address (if not living with student)		
Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No			Willing to Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Phone ( )		Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )
Home Phone ( )		Cell Phone ( )	Home Phone ( )		Cell Phone ( )
Email Address			Email Address		

<b>EMERGENCY CONTACTS - If parents cannot be reached</b>		Relationship to student		Home Phone ( )	
Last Name First Name				Work Phone ( )	
				Cell Phone ( )	
Last Name First Name		Relationship to student		Home Phone ( )	
				Work Phone ( )	
				Cell Phone ( )	

Family Doctor's Name	Doctor's Phone (     )	STUDENT'S CARE CARD NO
<b>HEALTH FACTORS</b> Check if applicable <input type="checkbox"/> Anaphylactic <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other Additional Information: _____ _____		Are any of these conditions <b>LIFE THREATENING?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____ _____
<b>Other Health Conditions</b> which may require emergency care – please specify. _____		
<input type="checkbox"/> The student requires medication to be administered during school hours for <b>one month or longer</b> . <b>Please contact school staff to discuss and to plan.</b> <b>Name of Medication(s)</b> _____		

EMERGENCY CLOSURE - DISMISSAL PROCEDURE		
<input type="checkbox"/> 1 – Upon dismissal, proceed home, as usual	<input type="checkbox"/> 2 - Remain, pending parental instruction	<input type="checkbox"/> 3 – Other (specify) _____

Has the student previously attended school in any district in British Columbia?	<input type="checkbox"/> Yes (Name of School) _____	<input type="checkbox"/> No
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I certify that the above information is correct and valid as of \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Legal Guardian

**Additional Information, Permissions and Signature**  
**If at any time in the future you wish to rescind or give permission in any of the areas below, please contact your child's school.**

<b>Media Disclaimer</b> The information on this form is collected under the authority of the School Act Section 79. The information 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. Your child's name and/or photo may also be published in a school newsletter, yearbook or other school publication. Please check the statement that expresses whether you wish your child to be involved in such coverage. If we do not receive a response from you, we will assume you have consented.  <input type="checkbox"/> I <b>give</b> permission for my child, _____ to be involved in media coverage. <input type="checkbox"/> I <b>DO NOT</b> give permission for my child, _____ to be involved in media coverage.	<b>Parent Advisory Committee</b> The school has a Parent Advisory Committee (PAC) that represents the parents and engages in activities in support of the school, including fundraising. The school will normally make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC for contact purposes.  <input type="checkbox"/> I <b>give</b> permission for the release of my name, home phone number, mailing address and my student's name and grade to the school PAC. <input type="checkbox"/> I <b>DO NOT</b> give permission for the release of my name, home phone number, mailing address and my student's name and grade to the school PAC.
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<b>Parental Authority for Accessing Electronic Communication Systems</b> In accordance with SD 63 Board Policy 3130 - <i>Student Acceptable Use of Electronic Communication Systems in Schools</i> ,  <input type="checkbox"/> I <b>give</b> permission for my child to access electronic communications systems. I understand that a copy of the regulation is available in the school office.		<input type="checkbox"/> I <b>DO NOT</b> give permission for my child to access electronic communications systems.
Signature of Parent	Date	

FOR OFFICE USE ONLY						
BCeSIS No.	School No.	School Name	Address Verified <input type="checkbox"/> Yes	Division	Teacher	
<b>Admission Reason:</b> <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Student Transfer <input type="checkbox"/> Graduated <input type="checkbox"/> Adult -19 yrs or older		<b>Program Type</b> <input type="checkbox"/> Regular <input type="checkbox"/> International	<b>Enter Program Codes:</b> <input type="checkbox"/> 63 Core French <input type="checkbox"/> 63 French Immersion <input type="checkbox"/> 63 ESL (for SBO use)		<b>Catchment</b> <input type="checkbox"/> Out of Catchment <input type="checkbox"/> Out of District	<b>Copies for file:</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested
<b>Admission Date:</b> ____ / ____ / ____ dd                      mm                      yyyy		<b>First Date of Attendance (if different)</b> ____ / ____ / ____ dd                      mm                      yyyy		<b>Nurse notified of Life Threatening Condition</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Advise:</b> <input type="checkbox"/> Library <input type="checkbox"/> Computer Lab	<b>Revise:</b> <input type="checkbox"/> Class List for Teacher <input type="checkbox"/> Division List <input type="checkbox"/> Class List for Office		<b>Ministry Designation - Special Needs Category (if known):</b> _____			
<b>Student File</b> <input type="checkbox"/> Requested <input type="checkbox"/> Received <input type="checkbox"/> Teacher for Review <input type="checkbox"/> Filed	<b>RED FILE</b> <input type="checkbox"/> Requested <input type="checkbox"/> Received					

SPREADSHEET    DISTRICT AVERAGING    EMAIL    FAX SCHOOL    BLUE BAG



# PARKLAND SECONDARY SCHOOL

An Innovative, Inspiring, Inclusive Learning Community

NAME: \_\_\_\_\_

INTAKE DATE: \_\_\_\_\_

INTERNATIONAL Y N

DOB: \_\_\_\_\_ STUDENT #: \_\_\_\_\_ PEN: \_\_\_\_\_

**Thank you for your interest in Parkland Secondary School. Before the registration process begins, the following documentation is needed:**

- District Registration Form – please fill in all forms included in this package
- Authorization to Share Confidential Information – please complete this form
- Completed Course Selection form (please fill out appropriate grade form)
- For course information, please see our website [www.parkland.sd63.bc.ca](http://www.parkland.sd63.bc.ca) or borrow a Course Selection Handbook from our counselling department or school office.

**Copies of the following documentation also required: (we are happy to copy these for you)**

- Birth Certificate (copy)
- B.C. Medical / Care Card (copy)
- Proof of current address – rental agreement, utility invoice, etc.
- Academic record or a recent report card from previous school
- Proof of legal guardianship / custody if not living with both parents
- Landed immigrants must include: copy of landed immigrant status papers

**Once intake interview with an administrator has taken place, and registration package completed, application will be reviewed. One of our counsellors will then contact you for an appointment.**

***NEW STUDENT INTAKE PROCESS INCL INTERNATIONAL: (CHECK OR INITIAL BOX) SCHOOL USE ONLY***

1. ADMINISTRATOR REVIEW, INCL INTAKE INTERVIEW <input type="checkbox"/>	2. COMPLETE NEW STUDENT APPLICATION, COPY I.D. <input type="checkbox"/>	3. MYED ENTRY INCLUDING DEMOGRAPHICS, COURSES <input type="checkbox"/>
4. COUNSELLOR APPOINTMENT, PRINT TIMETABLE <input type="checkbox"/>	5. NEW STUDENT FILE MADE, RECORDS REQUEST SENT <input type="checkbox"/>	6. NEW FILES TO ACADEMIC COUNSELLOR REVIEW <input type="checkbox"/>

Saanich Schools



Student Services  
School District #63 (Saanich)  
2125 Keating Cross Rd, Saanichton, BC V8M 2A5  
Phone: 250-652-7392  
Fax: 250-652-76361

**AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION**

ATTENTION: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_

To release the following information:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

regarding (student's name): \_\_\_\_\_

Date of Birth (d/m/y) : \_\_\_\_\_

to : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) Name : \_\_\_\_\_  
(valid for one year)

Parent(s)/Guardian(s) Signature : \_\_\_\_\_

Witness Name : \_\_\_\_\_

Witness Signature : \_\_\_\_\_

Date: \_\_\_\_\_