



PARKLAND SECONDARY SCHOOL

"Healthy, Motivated and Responsible Students"

Student Registration Package

INTAKE DATE : _____

NAME: _____

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 complete all the forms 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

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

- Birth Certificate
- BC Medical / Care Card
- 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 councillors will then contact you for an appointment.

NEW STUDENTS INTAKE PROCESS FORM: (CHECK OR INTIAL EACH BOX) SCHOOL USE ONLY

1. Administrator - Interview appointment	2. Complete new student application	3. MyEd entry including all demographics
4. Councillor appointment, timetable printed	5. New student file made, records request sent	6. New files to academic councillor for review



SCHOOL DISTRICT No. 63 (SAANICH) STUDENT REGISTRATION FORM

PLEASE PRINT CLEARLY

French Immersion

LEGAL First Name		LEGAL Family Name		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birth Date ____/____/____ dd mm yyyy	
LEGAL Middle Name	No Legal Middle <input type="checkbox"/>	USUAL First Name(s) (if different)		PREFERRED Family Name (if different)		PREFERRED Middle Name (if different)	
Home Phone ()		Unlisted YES <input type="checkbox"/>	BIRTHPLACE Country of Birth: _____ Prov. of Birth: _____			Entering Grade _____	
Home Address			For Office Use Only <input type="checkbox"/> BC Identification <input type="checkbox"/> Court Order <input type="checkbox"/> Vital Statistics <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Document <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card			PROOF OF LEGAL NAME & AGE <input type="checkbox"/> INAC Status Card <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Care Card	
Unit/Apt No.	City	Postal Code					
For Office Use Only		CATCHMENT STATUS		<input type="checkbox"/> In Catchment <input type="checkbox"/> Out of Catchment <input type="checkbox"/> Out of District <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 <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International Funding Eligible <input type="checkbox"/> Out of Province Cdn - Funding Not Eligible <input type="checkbox"/> Permanent Res/Landed Immigrant <input type="checkbox"/> International Funding Not Eligible			
PROOF OF ADDRESS							
CITIZENSHIP							
Mailing Address if different from Home Address							
Street No.		Street Name		Apt. No.	City	Prov	Postal Code
Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/>		Name of sibling(s) at this school _____					
Other (specify) _____							
Ever attended a BC School <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous District	Previous School / StrongStart	Previous School Prov	Previous School Country	Previous School Phone (if known) ()	Previous School Fax	
ABORIGINAL ANCESTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please complete the following:							
<input type="checkbox"/> First Nations - Status on Reserve :		<input type="checkbox"/> First Nations - Status Off Reserve		<input type="checkbox"/> First Nations - Non-Status		<input type="checkbox"/> Métis	<input type="checkbox"/> Inuit
Registry #: _____							
Band of Residence: <input type="checkbox"/> 0652 Pauquachin <input type="checkbox"/> 0653 - Tsartlip <input type="checkbox"/> 0654 - Tsawout <input type="checkbox"/> 0655 - Tseycum <input type="checkbox"/> Other- Band Name and #: _____							

SPECIAL LEARNING CONSIDERATIONS

COURT ORDER / PARENTING AGREEMENTS <input type="checkbox"/> Yes (please provide copy) <input type="checkbox"/> No		For Office Use Only Copy Provided Yes <input type="checkbox"/> No <input type="checkbox"/>		LIVES WITH <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____			
<input type="checkbox"/> PARENT or <input type="checkbox"/> LEGAL GUARDIAN				<input type="checkbox"/> PARENT or <input type="checkbox"/> LEGAL GUARDIAN			
First Name		Last Name		First Name		Last Name	
Home Phone ()		Cell Phone ()		Home Phone ()		Cell Phone ()	
Work Phone ()		Local / Ext	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone ()		Local / Ext	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address				Email Address			
Address (if not living with student)				Address (if not living with student)			

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

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

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) _____

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.

Media Disclaimer 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 give permission for my child, _____ to be involved in media coverage. <input type="checkbox"/> I DO NOT give permission for my child, _____ to be involved in media coverage.	Parent Advisory Committee 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 give 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 DO NOT 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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Parental Authority for Accessing Electronic Communication Systems	
In accordance with SD 63 Board Policy 3130 - <i>Student Acceptable Use of Electronic Communication Systems in Schools</i> ,	
<input type="checkbox"/> I give permission for my child to access electronic communications systems.	<input type="checkbox"/> I DO NOT give permission for my child to access electronic communications systems.
I understand that a copy of the regulation is available in the school office.	
Signature of Parent _____	Date _____

FOR OFFICE USE ONLY						
MyEd No.	School No.	School Name	Address Verified Yes <input type="checkbox"/>	Division	Teacher	
Admission Reason: <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		Program Type <input type="checkbox"/> Regular <input type="checkbox"/> International	Enter Program Codes: <input type="checkbox"/> 63 Core French <input type="checkbox"/> 63 French Immersion <input type="checkbox"/> 63 ELL (for SBO use only)		Catchment <input type="checkbox"/> Out of Catchment <input type="checkbox"/> Out of District	Copies for file: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested <input type="checkbox"/> Custody/ Parenting Agreement Papers
Admission Date: ____ / ____ / ____ DD MM YYYY		First Date of Attendance (if different) ____ / ____ / ____ DD MM YYYY		Nurse notified of Life Threatening Condition <input type="checkbox"/> Yes <input type="checkbox"/> No		
Advise: <input type="checkbox"/> Library <input type="checkbox"/> Computer Lab		Revise: <input type="checkbox"/> Class List for Teacher <input type="checkbox"/> Class List for Office		<input type="checkbox"/> Division List		Ministry Designation - Special Needs Category (if known): _____
Student File <input type="checkbox"/> Requested <input type="checkbox"/> Received		<input type="checkbox"/> Teacher for Review <input type="checkbox"/> Filed		RED FILE <input type="checkbox"/> Requested <input type="checkbox"/> Received		

- SPREADSHEET DISTRICT AVERAGING EMAIL FAX SCHOOL INTEROFFICE COURIER

Saanich Schools



Student Services
School District #63 (Saanich)
2125 Keating Cross Road, Saanichton, BC V8M 2A5
Phone: 250-652-7392
Fax: 250-652-7361

AUTHORIZATION TO SHARE CONFIDENTIAL INFORMATION

RE: (Student's Name): _____

Date of Birth (d/m/y): _____

I hereby authorize: _____

to release the following information:

- _____
- _____
- _____
- _____

to: _____

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

Parent(s)/Guardian(s) Signature: _____

Witness Name: _____

Witness Signature: _____

DATE: _____



PARKLAND SECONDARY SCHOOL

"Healthy, Motivated and Responsible Students"

New Student Information

****completed when meeting with Parkland Administration****

Today's Date: _____

Name of Student: _____

Student email address and/or cell number: _____

Name of previous school: _____

Address of previous school: _____

What grade or courses
did you most recently
complete: _____

Name of contact person
at your previous school
(learning support teacher
counsellor/administrator) _____

Did you have any
additional support or
services at your
previous school?
(IEP or designation) _____

Reason for move: _____

What made you
choose Parkland? _____

What are you most
interested in when is
comes to school? _____