



# Student Registration Form

School District No. 27 Cariboo - Chilcotin

350 North Second Avenue  
Williams Lake, BC V2G 1Z9

Phone: (250) 398-3800  
Fax: (250) 392-3600

## STUDENT INFORMATION

Registration Date \_\_\_\_\_

School of Registration \_\_\_\_\_

Legal Last Name \_\_\_\_\_

Usual Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Usual First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Male / Female (Circle One)

Preferred Gender (If Applicable) \_\_\_\_\_

Birthdate (DD-MMM-YYYY) ( \_ ) ( \_ \_ ) ( \_ \_ \_ )

### **PROOF OF AGE (Please attach copy of Government issued proof)**

Grade \_\_\_\_\_

Last School District \_\_\_\_\_

Last Strong Start or School \_\_\_\_\_

### **PHYSICAL ADDRESS – TWO PIECES OF PROOF OF ADDRESS REQUIRED**

Street Name & Number \_\_\_\_\_

RR Number / PO Box \_\_\_\_\_

Town / City \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Phone ( \_ ) \_\_\_\_\_

Unlisted Phone Number (if applicable) ( \_ ) \_\_\_\_\_

### **MAILING ADDRESS (If Different Than Physical)**

Street Name & Number \_\_\_\_\_

RR Number / PO Box \_\_\_\_\_

Town / City \_\_\_\_\_

Postal Code \_\_\_\_\_



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## **CITIZENSHIP INFORMATION (Insert Where Applicable)**

Province or Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Primary Language Spoken at Home \_\_\_\_\_

Language Most Used \_\_\_\_\_

First Language \_\_\_\_\_

### **OUT OF PROVINCE STUDENTS**

Student is from out of province and NOT living with parents	Yes	No
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### **INTERNATIONAL STUDENTS**

Is the student a Canadian citizen?	Yes	No
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Is the student a Refugee?	Yes	No
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## **ABORIGINAL ANCESTRY (If Applicable)**

### **Choose all that Apply**

First Nations Ancestry	Yes	No
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Status First Nations	Yes	No
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Status Card Number-optional:	Yes	No
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Non - Status First Nations	Yes	No
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Metis	Yes	No
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Inuit	Yes	No
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Living on Reserve	Yes	No
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If Yes Living on Reserve - Band of Residence		
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If Yes Living on Reserve - Band of Origin		
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## **FRENCH IMMERSION (If Applicable)**

Circle Yes or No

Early French Immersion (Circle Yes or No)	Yes	No
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## **SPECIAL EDUCATION**

Has your child ever had the following?

English Language Learning (ELL or ESD)	Yes	No
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Learning Assistance	Yes	No
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## PARENT/GUARDIAN INFORMATION

Parent/Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Living with Student – Yes / No (Circle One)

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Can Pick-Up Student? – Yes / No (Circle One)

Do you have a specific custody arrangement that we should know about? – Yes / No (Circle One)

If **YES**, please provide a copy of the court order.

Parent/Guardian

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Living With Student - Yes / No (Circle One)

Address (if different) \_\_\_\_\_

Place of Employment \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Can Pick-Up Student? – Yes / No (Circle One)

## EMERGENCY CONTACT INFORMATION

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## SCHOOL AGED SIBLING

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

## MEDICAL INFORMATION

Care Card No. \_\_\_\_\_

Diabetes

Allergies

Other \_\_\_\_\_

Life Threatening illness – Yes / No (Circle One)

If **YES**, please complete the SCHOOL DISTRICT #27 MEDICAL ALERT INFORMATION FORM



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## KINDERGARTEN REGISTRATION

Please Share with us any suggestions and/or concerns that would help your child's transition to Kindergarten

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## RELEASE OF INFORMATION

I PERMIT:

- The school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council and/or to activities connected to School Graduation Functions for the purpose of school related communications.

AND ACKNOWLEDGE:

- That my child will use his / her locker / desk only for accepted school related activities and that it may be inspected by the Principal or other person in authority with the Principal at any time without notice.
- That schools have the obligation and right to share demographic information with Provincial Health and Social Services agencies.

NOTE: If you take exception to any of the above, please discuss your objections with the Principal.

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

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

Checked by: \_\_\_\_\_

Attachments:

Outside Media and Personal Consent

Computer Usage / Privacy Consent