

School District #48 Student Registration Form 2012-13



The information on this form is collected under the authority of the *School Act*. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.

School: WHISTLER SECONDARY

Previous School: _____ City: _____ Province: _____

Student

Legal Surname: _____ Legal First Name: _____

Legal Middle Name: _____

Usual Surname: Same as Legal _____

Usual First Name: Same as Legal _____

Birth Date (DD-MM-YYYY): _____ Gender: Female Male

Current Grade: _____

Today's Date:

DD/MON/YYYY

Property Address

Street Number: _____ Street Name: _____

Apartment: _____ Municipality: _____ Province: BC _____

Postal Code: _____ Comp: _____ Lot/Site: _____ Phone: _____

Mailing Address

Same as Property _____

Demographic Information

Language at Home: English Other _____

Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant International

Citizenship: Canadian Citizen Other _____

Country of Birth: Canada Other _____ Proof of Age: _____ ★

Aboriginal Ancestry: Yes No

If Yes, Status: Status on Reserve Status off Reserve Métis Inuit Non Status

Band of Residence (if On Reserve): _____

Parents

Student Living With: Both Parents Mother Father Guardian Other: _____

Custody: Joint Other _____ Court order in effect

1 - Surname: _____ First Name: _____

Parent Type: Mother Father Guardian Other: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student _____

2 - Surname: _____ First Name: _____

Parent Type: Mother Father Guardian Other: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student _____

Emergency Contacts

Same as Parent 1 Above

1 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

Same as Parent 2 Above

2 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

3 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

(If possible, please make contact 4 out of district)

4 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

Medical

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Care Card Number: _____


Allergies and Health Conditions: _____

Life Threatening? Yes No

 ***"I certify that the information I have provided on this form is correct."***

Parent Signature: _____ **Date:** _____

"I am willing to receive email communications from the Parent Advisory Committee (PAC)"
YES NO

 **Parent Signature:** _____ **Date:** _____

Office Use Only:

Date Received: _____ Time: _____ HOMEROOM _____

BCeSIS Pupil #: _____ PEN: _____

Proof of Age: Birth Cert. Citizenship Passport Drivers' Lic. Other: _____

BCeSIS Admitted:

Records Requested _____ Records Rec'd _____