



Student Registration Form

School District No. 27 Cariboo - Chilcotin

350 North Second Avenue
Williams Lake, BC V2G 1Z9

Phone: (250) 398-3800
Fax: (250) 392-7871

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 Birth Certificate)

Grade _____

Last School District _____

Last Strong Start or School _____

PHYSICAL ADDRESS

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 |
|---|-----|----|

INTERNATIONAL STUDENTS

| | | |
|------------------------------------|-----|----|
| Is the student a Canadian citizen? | Yes | No |
|------------------------------------|-----|----|

| | | |
|---------------------------|-----|----|
| Is the student a Refugee? | Yes | No |
|---------------------------|-----|----|

ABORIGINAL ANCESTRY (If Applicable)

Choose all that Apply

| | | |
|------------------------|-----|----|
| First Nations Ancestry | Yes | No |
|------------------------|-----|----|

| | | |
|----------------------|-----|----|
| Status First Nations | Yes | No |
|----------------------|-----|----|

| | | |
|----------------------------|-----|----|
| Non - Status First Nations | Yes | No |
|----------------------------|-----|----|

| | | |
|-------|-----|----|
| Metis | Yes | No |
|-------|-----|----|

| | | |
|-------|-----|----|
| Inuit | Yes | No |
|-------|-----|----|

| | | |
|-------------------|-----|----|
| Living on Reserve | Yes | No |
|-------------------|-----|----|

If Yes – Band of Residence

Band of Origin

Status Card Number (Optional)

FRENCH IMMERSION (If Applicable)

Circle Yes or No

| | | |
|---|-----|----|
| Early French Immersion (Circle Yes or No) | Yes | No |
|---|-----|----|

SPECIAL EDUCATION

Has your child ever had the following?

| | | |
|--|-----|----|
| English Language Learning (ELL or ESD) | Yes | No |
|--|-----|----|

| | | |
|---------------------|-----|----|
| 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

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