

**SECONDARY (8-12) Student Registration Form - SCHOOL DISTRICT NO. 71 (COMOX VALLEY)**

<b>Date/time received at SBO</b>		<b>Grade going in to</b>	
<b>School</b>		<b>Requested admission date</b>	

**LEGAL NAME:** \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE) (USUAL FIRST NAME IF DIFFERENT)

**STUDENT'S ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ (DD-MMM-YYYY) **PLACE OF BIRTH:** \_\_\_\_\_

**SEX:** M F **BIRTH CERTIFICATE NUMBER:** \_\_\_\_\_

**LAST SCHOOL ATTENDED:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**ABORIGINAL ANCESTRY:** Yes ( ) No ( ) **BAND NAME & NUMBER:** \_\_\_\_\_  
 STATUS: On Reserve ( ) Off Reserve ( ) Metis ( ) Inuit ( ) Non-Status ( )

**FIRST LANGUAGE SPOKEN:** \_\_\_\_\_ **LANGUAGE MOST USED:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**Student Lives With** \_\_\_\_\_ (Mother&Father, Mother&Step-Father, Joint Custody, Guardian, etc.)

**Parent #1 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Parent #2 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Parent #3 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Parent #4 Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**PARENT INVOLVEMENT SCHOOL:** Our policy is to encourage involvement of a child's parents in their education. It is the registering parent's responsibility to ensure that the parent/guardian information section of the registration form is complete and accurate. If legal papers/court documents exist regarding custody, guardianship or limitations placed in the involvement of one parent please be sure to submit a copy with the registration form. If concerns exist regarding the involvement of a parent, please inform the Administration.

**COURT ORDER IN EFFECT?** YES or NO **SCHOOL HAS COPY?** YES or NO  
**SIBLINGS IN SD 71?** \_\_\_\_\_ **AT OUR SCHOOL?** YES or NO

**EMERGENCY INFORMATION:** In an emergency (earthquake, illness or accident, impassable bridges) the school requires the name and phone number of at least two contacts that your child may be released to when the guardian is not available.

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**MEDICAL INFORMATION:** **DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**Care Card No.** \_\_\_\_\_ **DENTIST:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SPECIAL MEDICAL INSTRUCTIONS:** (medical alerts, allergies, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

**LEARNING NEEDS** (Learning Assistance, Modified Program, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

**OFFICE USE ONLY**

**Student No** \_\_\_\_\_ **Div(AG) No.** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **X-Boundary** \_\_\_\_\_

**Registration Date** \_\_\_\_\_ (First Day of Attendance) **STUDENT RECORDS:** Requested \_\_\_\_\_ Received \_\_\_\_\_