



School Admission/Registration Form for School Year: 2017 - 2018

Office Use Only:

Pupil No. _____

OFFICE USE ONLY

Student Grade Level: _____

Homeroom/TA: _____

New Student Graduated

Returning Student Adult (born before July 1, 1998)

Student Transfer First Sept. Year entering gr 8: _____

Previous School: _____

Residency:

In Catchment

Out of Catchment

Out of District

Programs (check all that apply):

Regular Program

French Immersion

District Career Programs

International Student

ELL Program: _____

Special Ed Program/

Flex

Ctr Soccer Excellence

Base-Softball Acdmy

Hockey Acdmy

Rugby Acdmy

Registration

Date: _____

Number: _____

Public Health Nurse has been notified of life-threatening health condition.

Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant International - Funding Eligible Out of Prov Cdn - Funding Not Eligible International - Funding Not Eligible Refugee

Students without Canadian citizenship, Permanent Resident/Landed Immigrant status or International Student status must apply to the Director, Victoria International High School Program, for admission.

Previous School: _____ Grade: _____ Name of Sibling(s) at this School: _____

I am applying for a transfer for my student through the district Student Transfer Process: Yes No

Student's Grade 12 completion at _____ School, in the year _____ or, Not Applicable

This student was previously registered in a school in BC and has been out of the province of BC for more than 4 years. Yes No

Legal Last Name: _____ Usual Last Name: _____

Legal First Name: _____ Usual First Name: _____

Legal Middle Name(s): _____ Usual Middle Name(s): _____

Birth Date: _____ Gender at birth: Male Female

dd mmm yyyy Preferred Gender (if applicable): Male Female

Proof of Age: BC Identification BC Services Card Birth Certificate Certificate of Citizenship Court Order Drivers License Immigration Canada Documents INAC Status Card Passport Permanent Resident Card Vital Statistics Documentation

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Unlisted Phone: _____ Student Email: _____

Property/Home Address: _____
Street Address City Province Postal Code

Mailing Address same as Property/Home Address: Proof of Address: Credit Card Invoice Drivers License Notary Auth. Letter Utility Bill Municipal Tax Bill Rental Agreement Mortgage Statement BCID

Specify Mailing Address below if it is NOT the same as the Property/Home Address
Mailing Address: _____
Street Address City Province Postal Code

Birthplace: _____
City Province Country

Home Language: _____ Language Most Used: _____ First Language: _____

Aboriginal Ancestry Status Non-Status Metis Inuit
 Yes No (if Yes, please complete boxes to the right)
If Status, indicate if Off Reserve or On Reserve: Off reserve On reserve - Band of Residence: Songhees Esquimalt Other (please specify) _____
- DIA Band Name: _____ DIA Status Number: _____

Custody: Both Parents Mother Father Other, specify: _____ Court Order? No Yes If Yes, provide details: _____
Note: a copy of an up-to-date court order must be on file with the school.

Parent/Guardian Information
Last Name: _____ First Name: _____
Parent Type: Mother Father Other, specify: _____
Home Address: Same as student
(specify address below if this parent's address is different than the student's address)
Street City Prov Postal Code
Home Phone: _____
Place of employment: _____
Work Phone: _____ Ext. _____
Cell Phone: _____
Email address: _____

Parent/Guardian Information
Last Name: _____ First Name: _____
Parent Type: Mother Father Other, specify: _____
Home Address: Same as student
(specify address below if this parent's address is different than the student's address)
Street City Prov Postal Code
Home Phone: _____
Place of employment: _____
Work Phone: _____ Ext. _____
Cell Phone: _____
Email address: _____

Emergency Contact (custodial parents will always be contacted first)

Last Name: _____ First Name: _____

Relationship to student: _____

Home Address: _____

Street City Prov Postal Code

Home Phone: _____

Work Phone: _____ Ext: _____

Cell Phone: _____

Email address: _____

Can this contact person pick up the student? Yes No

Emergency Contact (custodial parents will always be contacted first)

Last Name: _____ First Name: _____

Relationship to student: _____

Home Address: _____

Street City Prov Postal Code

Home Phone: _____

Work Phone: _____ Ext: _____

Cell Phone: _____

Email address: _____

Can this contact person pick up the student? Yes No

Before/After School Care: _____ Phone: _____ Cell: _____

Medical Information

CareCard No: _____ - _____ - _____ Family Doctor: _____ Phone: _____

Doctor's contact information required if student has a life-threatening condition.

Life Threatening Health Condition: Yes No

If the student has a life-threatening health condition, **please arrange to meet with the school principal prior to the student attending school.**
 The life-threatening health conditions that apply to this student are:

- Anaphylactic - Allergen(s): _____
- Asthma that has resulted in hospitalization in the past year _____
- Blood Clotting Disorder (e.g. haemophilia) _____
- Diabetes _____
- Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years _____
- Serious Heart Condition (e.g. heart murmur, heart repair) _____
- Other Health Conditions which may require emergency care - please specify: _____

Non-life-threatening health conditions:
 If the student has a non-life-threatening health condition which may affect his/her ability to function at school, please indicate here:

Medication Administration:

I request that the student receive assistance with, or be supervised during, medication administration in an emergency. **Please contact school staff to discuss.**

The student requires medications to be administered during school hours for one month or longer. **Please contact school staff to discuss.**

Name of Medication(s): _____

Parental Authority for Regular School Journeys

I give my permission for this student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken.

I prefer to give separate written permission for each field trip that this student will attend.

Signature of Parent/Guardian Date

Parental Authority for Accessing Electronic Communication Systems

In accordance with Regulation 5131.9 *Student Acceptable Use of Electronic Communications Systems in Schools,*

I grant permission

I do not grant permission.

I understand that a copy of the regulation is available in the school office.

Signature of Parent/Guardian Date

The school has a Parent Advisory Council (PAC) that represents the parents and engages in activities in support of the school. The school PAC is a member of the Victoria Confederation of Parent Advisory Councils (VCPAC) . The school will make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC and to VCPAC for contact purposes.

I give permission for the release of my name, home phone number, mailing address, and the student's name and grade to the school PAC and to VCPAC . (Check each box to indicate that permission is given for each and then provide a signature below.)

Signature of Parent/Guardian Date

I certify that the information I have provided on this form is correct:

Signature of Parent/Guardian Date

The information on this form is collected under the authority of the School Act. Information is used for Ministry of Education reporting; demographic, enrollment, 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.