

DISTRIBUTED LEARNING K-9 ENROLLMENT FORM 2017-2018

OFFICE USE ONLY					
MyEducation BC Number:	P.E.N.	Homeroom	YOG	Today's Date	Projected Start Date:
				_____ DAY MONTH YEAR	_____ DAY MONTH YEAR
<input type="checkbox"/> Copy of Birth Certificate/Proof of Age attached <input type="checkbox"/> Proof of Residence attached <input type="checkbox"/> Records requested <input type="checkbox"/> Student is Out of Catchment <input type="checkbox"/> Student is In Catchment			<input type="checkbox"/> Copy of Care Card attached Expiry Date _____		

Student's Home (Catchment School) is:

STUDENT INFORMATION				
LEGAL Last Name:	LEGAL First Name:	LEGAL Middle Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
USUAL Last Name (if different):	USUAL First Name (if different):	USUAL Middle Name (if different):	Age:	
Birth Date: _____ DAY MONTH YEAR	Student Home Phone No: (<input type="checkbox"/> check if unlisted) ()	Student Work Phone No: (include local extension) ()	Student Cell Phone No: ()	

STUDENT'S PHYSICAL ADDRESS					
Street Number:	Street Name:	Apt. Number:	City:	Province:	Postal Code:

STUDENT'S MAILING ADDRESS <input type="checkbox"/> Same as Physical Address Or complete section below			
	City:	Province:	Postal Code:

Entering Grade	Previous School (or StrongStart Centre) (Name and City)		
Country of Birth:	Country of Citizenship	Citizenship Status: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Other: Permanent Res/Landed Immigrant or International Student <i>(must be referred to International program)</i>	

Proof of Age: Birth Certificate Passport BC Services Card Other (specify)

Home Language What language do you speak at home or with Host Family?	Language Most Used What language do you use most often with friends, family and at school?	First Language What language did you first learn to speak?
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FOR STUDENTS OF ABORIGINAL ANCESTRY ONLY, PLEASE COMPLETE

<input type="checkbox"/> Status On Reserve <input type="checkbox"/> Status Off Reserve <input type="checkbox"/> Métis <input type="checkbox"/> Non-Status <input type="checkbox"/> Inuit	
Band of Residence (where student is living): _____ Band of Origin: (optional) _____	

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PARENT INVOLVEMENT IN SCHOOL: Our policy is to encourage involvement of a child's parents in his/her 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 and/or court documents exist regarding custody, guardianship or limitations placed on the involvement of a 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.

CUSTODY: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Joint <input type="checkbox"/> Other (specify)	
COURT ORDER PROVIDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE OF COURT ORDER:

PRIMARY CONTACT 1: LIVES WITH STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			Parental Authority/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify)					
Last Name:		First Name:		Home Phone No:	
				()	
Email Address:			Mailing Address: Same as Below <input type="checkbox"/>		Cell Phone No:
					()
Street Number:	Street Name:		Apt. Number:	City:	
				Province:	Postal Code:

PRIMARY CONTACT 2: LIVES WITH STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			Parental Authority/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify)					
Last Name:		First Name:		Home Phone No:	
				()	
Email Address:			Mailing Address: Same as Below <input type="checkbox"/>		Cell Phone No:
					()
Street Number:	Street Name:		Apt. Number:	City:	
				Province:	Postal Code:

PRIMARY CONTACT 3: LIVES WITH STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			Parental Authority/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No		
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step Parent <input type="checkbox"/> Other (specify)					
Last Name:		First Name:		Home Phone No:	
				()	
Email Address:			Mailing Address: Same as Below <input type="checkbox"/>		Cell Phone No:
					()
Street Number:	Street Name:		Apt. Number:	City:	
				Province:	Postal Code:

EMERGENCY CONTACTS: In the event guardian is not available.

1st EMERGENCY CONTACT (other than parent)		
Name		Relationship to Student:
Home Phone No:	Cell Phone No:	Work Phone No. & Extension:
()	()	()
2nd EMERGENCY CONTACT (other than parent)		
Name		Relationship to Student:
Home Phone No:	Cell Phone No:	Work Phone No. & Extension:
()	()	()

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STUDENT MEDICAL INFORMATION

MEDICAL CONCERNS? <input type="checkbox"/> Yes <input type="checkbox"/> No		LIFE THREATENING? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Doctor's Name:	Doctor's Phone No:	STUDENT'S CARE CARD NO:	
	()		
NOTE: All students must complete the separate health questionnaire and submit with this registration form			

SIBLING INFORMATION (Optional)

Brothers and Sisters (Legal First and Last Name)	School	Gender	Date of Birth (day/month/year)	Grade

Parent Advisory Committee Access to Information

Every school has a Parent Advisory Committee that represents parents of the school and engages in educational programs and fundraising. The school may make the following information available to the PAC for contact and emergency purposes only: Parent/Guardian names, child's name, grade and division, email address and telephone numbers. **NO OTHER PERSONAL INFORMATION REGARDING YOUR FAMILY IS GIVEN TO THE PAC.** Please check the statement that expresses whether you wish your contact information to be released to the PAC.

Do you give permission for your contact information as outlined above to be shared with PAC?

Yes No

Website and Media Release

Do you authorize photographs, video recordings or audio recordings to be taken of your child while he or she is at school or a school sanctioned event and for those images or recordings to be used, along with your child's name, in news media, social media or electronic or other publications such as the District's website, yearbooks or other promotional material?

Yes No

Office Use Only
<input type="checkbox"/> Release of Info:/Photos Outside of District

If you have any questions regarding the collection or concerns about the use of this information, please contact your school principal or the District Freedom of Information and Protection of Privacy Contact at (250) 748-0321.

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Communication From Your School

The District would like to send newsletters and notices to parents by phone, email or other electronic message formats about events and activities at your child’s school. The messages may include announcements about activities such as hot dog days, fundraising events, photo days or extra curricular activities. Canada’s Anti-Spam Legislation includes these types of offers in their definition of “spam.” Before we may send newsletters and notices to you electronically, we need your permission to do so.

Do you give us permission?
You may withdraw this consent at any time by contacting your school.

Yes No

Office Use Only
<input type="checkbox"/> Send Email & Autodialer Calls?

I certify that the information provided is accurate and valid as of this date. I recognize that the provision of false information may result in my child being unable to attend the assigned school.

_____ **Today’s Date**

_____ **Signature of Parent / Guardian**

Collection of Information

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information collected on this form, please contact the District Principal Technology Services at 2557 Beverly St, Duncan, BC V9L 2X3, (250) 748-0321.

Office Use Only:

- Medical questionnaire regarding Life Threatening Health Conditions (Student Health Questionnaire)**
- Internet Use Agreement, School District No. 79**
- Aboriginal Education Student Identification Consent Form**
- Walking Field Trip Permission**
- Dismissal of Students for Emergencies**