

Registering for grade: _____
Today's Date: _____

STUDENT INFORMATION

Legal Name: _____
Last First Middle Usual Name if different

Address: _____
Street City Postal Code

Date of Birth: _____ Place of Birth: _____
(DD-MMM-YYYY) City Country

Gender: M F Birth Certificate provided: Y N Last School Attended: _____
School Name City

First Language Spoken: _____ Language Most Used: _____

ABORIGINAL ANCESTRY: Yes* No (*Ancestry is self-declared, documentation not required)
STATUS: On Reserve Off Reserve (Band Name: _____) Metis Inuit Non-Status (Not registered with a band)

PARENT/GUARDIAN INFORMATION:

Parent #1 Name: _____ Relationship: _____ Home Phone: _____
E-mail: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
 Can pick up student? Receive email Address if not living with student: _____
 Willing to volunteer? _____
 Lives with student - Details: _____

Parent #2 Name: _____ Relationship: _____ Home Phone: _____
E-mail: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
 Can pick up student? Receive email Address if not living with student: _____
 Willing to volunteer? _____
 Lives with student - Details: _____

Parent #3 Name: _____ Relationship: _____ Home Phone: _____
E-mail: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
 Can pick up student? Receive email Address if not living with student: _____
 Willing to volunteer? _____
 Lives with student - Details: _____

Parent #4 Name: _____ Relationship: _____ Home Phone: _____
E-mail: _____ Cell Phone: _____
Place of Employment: _____ Work Phone: _____
 Can pick up student? Receive email Address if not living with student: _____
 Willing to volunteer? _____
 Lives with student - Details: _____

PARENT INVOLVEMENT IN 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 and/or 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 or other legal documents pertaining to custody in effect? Yes No Copy provided to school? Yes No

Who has custody: _____

SIBLINGS INFORMATION:

Legal Name: _____ Usual Name: _____ DOB: _____ School: _____
Legal Name: _____ Usual Name: _____ DOB: _____ School: _____

EMERGENCY CONTACT 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. List in order they are to be called.

Name: _____ Home: _____ Work: _____
Cell: _____ Relationship: _____

Name: _____ Home: _____ Work: _____
Cell: _____ Relationship: _____

Name: _____ Home: _____ Work: _____
Cell: _____ Relationship: _____

Name: _____ Home: _____ Work: _____
Cell: _____ Relationship: _____

MEDICAL INFORMATION:

Medical Alerts: (allergies, conditions, etc.) _____
Care Card No.: _____

LEARNING NEEDS: (Learning Assistance; Modified Program, etc.) _____

Parent Signature _____

OFFICE USE ONLY		Copy of Address Document <input type="checkbox"/>	
Student No _____	Div(AG) No. _____	Teacher: _____	X-Boundary _____
Registration Date _____	(First Day of Attendance)	STUDENT RECORDS: Requested <input type="checkbox"/>	Received <input type="checkbox"/>



CONSENT FOR RELEASE OF INFORMATION

I, _____ hereby consent to the release of the

(please check one) (parent/guardian) or (adult student)

following information:

- Student Records (reports, letters, legal documents e.g.: copy of birth certificate, medical cards, court orders), Permanent Educational Records
Learning Assistance file (if applicable)
Confidential File (e.g. Psychology Reports Speech and Language Reports, Physiotherapy/Occupational Therapy Reports, Dr.'s letters, etc.) if applicable - Attention "Receiving" School Secretary please forward the confidential file to Student Services Dept.

For the purpose of providing an educational program for the following student:

This information is considered confidential and will be treated accordingly.

Student Name: _____

Date of Birth: _____

School/Agency releasing information: _____

School receiving information:

School District #71 (Comox Valley)
School Name: Highland Secondary School
Address: 750 Pritchard Road, Comox BC V9M 3S8
Phone: 250-339-5525 Fax: 250-339-0832
Email: ruth.whyte@sd71.bc.ca

Date: _____ Signature of: _____

(parent/guardian) or (adult student) (please check one)

Parent/Guardian or (Adult Student) Address:

Relationship to student: _____