

## STUDENT REGISTRATION FORM

CATCHMENT SCHOOL: \_\_\_\_\_

### OFFICE USE ONLY

Registration Date: \_\_\_\_\_

Enrollment Start Date: \_\_\_\_\_

Grade: \_\_\_\_\_ YOG: \_\_\_\_\_ Student #: \_\_\_\_\_ PEN: \_\_\_\_\_ French Program: Immersion Early ☐ Late ☐

#### Registration Documentation (check ✓ when verified):

☐ Student Proof of Age ☐ Student Proof of Citizenship ☐ Parent Proof of Citizenship ☐ Proof of Guardianship ☐ Proof of Address / Residence

#### Additional Documentation:

Out of Catchment?: ☐ Yes ☐ No Non-Catchment Area Form ☐ Non-District Form ☐ District Placement ☐ (sch code): [\_\_\_\_\_]

Non-Catchment Area Request (school code): [\_\_\_\_\_] Traditional School Request (school code): [\_\_\_\_\_]

TIME & DATE OF RECEIPT OF THIS FORM MUST BE RECORDED BY THE CATCHMENT AREA SCHOOL: \_\_\_\_\_

Legal Restrictions For Access To Student? ☐ (If yes, copy of legal document must be on file at school)

Staff Initial

Homeroom/Div. #: \_\_\_\_\_ Teacher Name: \_\_\_\_\_ Records Requested ☐ Bus Student ☐ Home Schooling ☐

## PLEASE PRINT CLEARLY

### PREVIOUS SCHOOL/DISTRICT (Including StrongStart)

District: \_\_\_\_\_ School Name: \_\_\_\_\_

Province/Country: \_\_\_\_\_ School Language: \_\_\_\_\_

### STUDENT INFORMATION

LEGAL Last Name: \_\_\_\_\_ PREFERRED Last Name: \_\_\_\_\_

LEGAL First Name: \_\_\_\_\_ PREFERRED First Name: \_\_\_\_\_

LEGAL Middle Name: \_\_\_\_\_ PREFERRED Middle Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Student Cell Phone Number: \_\_\_\_\_

Gender: ☐ Female ☐ Male

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

(month / day / year)

### STUDENT ADDRESS

Unit #: \_\_\_\_\_ House # and Street Name: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### CUSTODY INFORMATION

Custody: Both Parents ☐ Yes ☐ No If no, please indicate custody: \_\_\_\_\_

Custody Order? ☐ Yes ☐ No (If Yes, copy is required) Student Living With: \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES

Priority #1 Relationship: \_\_\_\_\_

Priority #2 Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## **PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD DOES NOT RESIDE**

**Priority #3** Relationship: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Unit #: \_\_\_\_\_ House # and Street Name: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Can pick up? ☐ Yes ☐ No

## **SIBLING(S) CURRENTLY ATTENDING SCHOOL IN DELTA**

<b>Sibling #1</b> Current Grade: _____	<b>Sibling #2</b> Current Grade: _____	<b>Sibling #3</b> Current Grade: _____
Name: _____	Name: _____	Name: _____
School: _____	School: _____	School: _____

## **MEDICAL INFORMATION/ALERTS** BC Services Card – Personal Health # \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_

Life Threatening Conditions?: \_\_\_\_\_

Has Epi Pen ☐ Additional Health Information: \_\_\_\_\_

## **CITIZENSHIP / LANGUAGE & CULTURE**

Country of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

If applicable, Visa Status: \_\_\_\_\_ Visa Exp. Date: \_\_\_\_\_ B.C. Entry Date: \_\_\_\_\_

Home Language: \_\_\_\_\_ Language Most Used: \_\_\_\_\_ First Language: \_\_\_\_\_

## **PROGRAMS**

**ENGLISH LANGUAGE LEARNER (ELL) ELIGIBILITY:** Students are eligible for ELL support when the primary language spoken at home is a language other than English and the student meets eligibility requirements after assessment. **IS YOUR CHILD IN THIS CATEGORY?** ☐ Yes ☐ No

**SPECIAL LEARNING NEEDS:** Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child? ☐ Yes ☐ No If Yes, please describe: \_\_\_\_\_

## **INDIGENOUS ANCESTRY**

**SELF VOLUNTEERED INFORMATION: INDIGENOUS EDUCATION SERVICES ARE AVAILABLE FOR STUDENTS OF INDIGENOUS**

**ANCESTRY.** Student is of Indigenous Ancestry: ☐ Yes

If Yes, please indicate status: ☐ Inuit ☐ Metis ☐ F.N. Non-Status ☐ F.N. Status – Off Reserve ☐ F.N. Status – On Reserve

**NATION (if known):** \_\_\_\_\_

Information on this form is collected under the authority of the *School Act* and will be used for educational program purposes and when required may be provided to health services, social services or other support services as outlined in the *School Act*. The information collected is protected under the Freedom of Information and Protection of Privacy Act.

## **IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, THE SCHOOL SHOULD CALL:**

<b>Priority #10</b> Relationship: _____	<b>Priority #11</b> Relationship: _____
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Home Phone: _____ Cell: _____	Home Phone: _____ Cell: _____
Work phone: _____ Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work phone: _____ Can pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No

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**PARENT DECLARATION**

As a parent or legal guardian (please attach copy of a BC court order appointing you as legal guardian), I understand that my child is entitled to receive a funded education from the Province of British Columbia (governed by the Ministry of Education) on the condition that I reside (i.e. primary residence) in the province of British Columbia throughout my child's educational life.

I understand that at least one parent or legal guardian has to remain in residence in British Columbia in order for my child to qualify for government funding. If not, I will be charged for my child's tuition fees according to the current rate for International Students.

I am (please ☒ )

- ☐ A Canadian Citizen
- ☐ Landed Immigrant / Permanent Resident
- ☐ Lawfully admitted into Canada under one of the following documents:
  - ☐ Admission as a refugee claimant
  - ☐ A person claiming refugee status
  - ☐ Study Permit for one or more years
  - ☐ Work Permit for one or more years
  - ☐ A person carrying out official duties as a diplomatic or consular official
  - ☐ Other – document description (must be cleared with Immigration Canada)
  - ☐ \_\_\_\_\_

And will be permanently residing in B.C. WITH my child at the following address:

\_\_\_\_\_

I will not be residing elsewhere and will not be taking extended trips during the school year.

I am aware that by making a false statement, I will be liable for my child's educational costs at whatever the current rate of International Students fees which will be backdated from the date of this document. Please visit our International Student site for information:  
<http://godelta.ca/>

Child(ren)'s Legal Name(s) (Please print in English): \_\_\_\_\_

Parent's/Legal Guardian's Legal Name (Please print in English): \_\_\_\_\_

Signature of Parent/Legal Guardian (Please sign in front of registrar): \_\_\_\_\_

Date: \_\_\_\_\_