

## SCHOOL REGISTRATION FORM

Please print clearly in BLACK ink

Placement Notes: \_\_\_\_\_

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

 WAITLISTED

PLACED SCHOOL: \_\_\_\_\_

**OFFICE USE ONLY**

Pupil #: \_\_\_\_\_ ELL Assess. Date: \_\_\_\_\_ ELL Level: \_\_\_\_\_

PEN #: \_\_\_\_\_

 Program:  English  EFI  LFI  Montessori  Transfer  Resource Support

Registration Date: \_\_\_\_\_ Time: \_\_\_\_\_ Completed by: \_\_\_\_\_

Start Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

**STUDENT ADMISSION INFORMATION**

 Gender:  Male  Female

 Proof of Age:  Birth Certificate  PR Card

 Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
dd - MMM - yyyy
 Passport  Refugee

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

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

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

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

Legal Middle Name: \_\_\_\_\_

Usual Middle Name: \_\_\_\_\_

 Home Address: \_\_\_\_\_ Richmond Postal Code: \_\_\_\_\_

Local Main Phone: \_\_\_\_\_ (Parent's Home #) Alternate Phone: \_\_\_\_\_ (English Speaking)

Father's Cell Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_ Student's Email: \_\_\_\_\_

 Latest Proof of Residence:  Current Property Tax Notice  Formal Long-Term Rental/Lease Agreement

 Contract of Purchase and Sale  Confirmation of Residence Form

 Previous BC School Name & City:  Current \_\_\_\_\_ Country or Province Entered From: \_\_\_\_\_

 Withdrawn \_\_\_\_\_ Date \_\_\_\_\_

 Does your child require additional learning/behavioural support:  Yes (NOT English language support)  No  
 Please explain (include Doctor's reports) \_\_\_\_\_

**Citizenship Status/Immigration**

(Letter of Acceptance – Work/Study)

 Canadian Citizen  Permanent Resident  Refugee  Int'l Funding Eligible

Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_ Language at Home: \_\_\_\_\_

**Aboriginal Ancestry Information**
 Inuit  Metis  Non-Status  Status off Reserve Band Name and #: \_\_\_\_\_

**MEDICAL INFORMATION**

 Care Card #: \_\_\_\_\_ Are the allergies/conditions life threatening?  Yes (specify)  No

Allergies and conditions: \_\_\_\_\_

Medication(s): Type \_\_\_\_\_ Dosage \_\_\_\_\_

**PARENTS/LEGAL GUARDIANS - CUSTODY:**

Joint

Sole

Court Order File # \_\_\_\_\_

Are there any legal documents regarding custody issue?

Yes

No

Consent Letter \_\_\_\_\_

If so, please explain briefly \_\_\_\_\_

Lives with:  Both Parents  Father Only  Mother Only  Foster Parent  Legal Guardian

Relationship: \_\_\_\_\_ FATHER

Relationship: \_\_\_\_\_ MOTHER

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

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

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

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

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

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

Employed at: \_\_\_\_\_

Employed at: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home Address:(if different) \_\_\_\_\_

Home Address:(if different) \_\_\_\_\_

**Emergency Contact Information (NOT Parents/Legal Guardians)**

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

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

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

**Emergency Contact – Medical**

Doctor: \_\_\_\_\_ phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ phone: \_\_\_\_\_

**Sibling Information (brothers/sisters who are currently attending or entering together in Richmond Public Schools)**

**1<sup>st</sup> SIBLING**

**2<sup>nd</sup> SIBLING**

**3<sup>rd</sup> SIBLING**

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Brother/Sister: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare the above information is true and correct in every respect. I understand that providing false information would constitute sufficient grounds to reassess the application and may lead to my child being withdrawn, in which case I would be responsible for my child's educational costs. My child and I will be living at the residence stated in this application and I understand that at least one Parent/Legal Guardian must remain ordinarily resident in British Columbia.

我謹此聲明，上述所提供的資料，在各方面都是真實和準確的。我明白所填的資料如有虛假，這申請便需要重新被審核，最終有可能會導致我的孩子被退學；而在這情況下，我就要承擔我孩子所有的教育費用。我明白BC公校要求孩子的其中之一個家長或法定監護人必須慣常生活和居住於本省的規章，在此申報的地址將是我和孩子一同生活的居所

Parents/Legal Guardians: \_\_\_\_\_

*Signatures – Father*

*Mother*

*Legal Guardians*

*Print Names*