Delta School District
Inspired Learning
A leading district for innovative teaching and learner success

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: _____

Staff Initial

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

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**: _____

First Name: _____

Last Name: _____

Cell Phone: _____ **Work**: _____

Email: _____

Priority #2 **Relationship**: _____

First Name: _____

Last Name: _____

Cell Phone: _____ **Work**: _____

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

Sibling #1 **Current Grade**: _____ **Sibling #2** **Current Grade**: _____ **Sibling #3** **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:

Priority #10 **Relationship**: _____

First Name: _____

Last Name: _____

Home Phone: _____ **Cell**: _____

Work phone: _____ **Can pick up?** ☐Yes ☐No

Priority #11 **Relationship**: _____

First Name: _____

Last Name: _____

Home Phone: _____ **Cell**: _____

Work phone: _____ **Can pick up?** ☐Yes ☐No

EMAIL COMMUNICATION

Canada's new anti-spam legislation requires us to obtain your consent in order to provide you with the electronic information about many of the happenings and events occurring at your child's school or within our school district. As a result, the Board of Education of School District No. 37 (Delta) would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions relevant to our students and families. Examples of such messages include information about field trips, fundraising, yearbooks, student pictures, dance tickets, hot lunches, Continuing Education programs, or similar events and offers.

If you wish to receive the above communications from us, please identify your consent below. Each parent/guardian must complete and sign below.

Guardian #1: Name (First and Last): _____

☐ I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

☐ I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature**: _____

Guardian #2: Name (First and Last): _____

☐ I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

☐ I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature**: _____

Guardian #3: Name (First and Last): _____

☐ I DO consent to receive commercial electronic messages from the Delta School District (*please ensure email address provided on page 1*)

☐ I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature**: _____

You may change your consent at any time by signing into Parent Connect and selecting the appropriate option or by informing your school in writing (either via email or printed note) that you choose to no longer receive email communication from the school, school district or staff relating to messages that may contain advertising or promotions.

VERIFICATION – LEGAL PARENT / GUARDIAN

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

_____

Parent / Guardian Name (Please print)

_____ **Date**: _____

Parent/Guardian Signature

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting; demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.