



School Admission/Registration Form for School Year: 2017 - 2018

Office Use Only:

Pupil No. _____

OFFICE USE ONLY

Student Grade Level: _____

Homeroom/TA: _____

☐ New Student ☐ Graduated☐ Returning Student ☐ Adult (born before July 1, 1998)☐ Student Transfer First Sept. Year entering gr 8: _____

Previous School: _____

 Immigration Status: ☐ Canadian Citizen ☐ Permanent Resident/Landed Immigrant ☐ International - Funding Eligible
☐ Out of Prov Cdn - Funding Not Eligible ☐ International - Funding Not Eligible ☐ Refugee

Residency:

☐ In Catchment☐ Out of Catchment☐ Out of District

Programs (check all that apply):

☐ Regular Program☐ French Immersion☐ District Career Programs☐ International Student☐ ELL Program: _____☐ Special Ed Program/☐ Flex☐ Ctr Soccer Excellence☐ Base-Softball Acdmy☐ Hockey Acdmy☐ Rugby Acdmy

Registration

Date: _____

Number: _____

☐ Public Health Nurse has been notified of life-threatening health condition.

Students without Canadian citizenship, Permanent Resident/Landed Immigrant status or International Student status must apply to the Director, Victoria International High School Program, for admission.

Previous School: _____ Grade: _____ Name of Sibling(s) at this School: _____

I am applying for a transfer for my student through the district Student Transfer Process: ☐ Yes ☐ NoStudent's Grade 12 completion at _____ School, in the year _____ or, ☐ Not ApplicableThis student was previously registered in a school in BC and has been out of the province of BC for more than 4 years. ☐ Yes ☐ No

Legal Last Name: _____

Usual Last Name: _____

Legal First Name: _____

Usual First Name: _____

Legal Middle Name(s): _____

Usual Middle Name(s): _____

Birth Date: _____ - _____ - _____
dd mm yyyyGender at birth: ☐ Male ☐ FemalePreferred Gender (if applicable): ☐ Male ☐ Female
 Proof of Age: ☐ BC Identification ☐ BC Services Card ☐ Birth Certificate ☐ Certificate of Citizenship ☐ Court Order ☐ Drivers License
☐ Immigration Canada Documents ☐ INAC Status Card ☐ Passport ☐ Permanent Resident Card ☐ Vital Statistics Documentation

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Unlisted Phone: _____ Student Email: _____

 Property/Home Address: _____
 Street Address City Province Postal Code

 Mailing Address same as Property/Home Address: ☐ Proof of Address: ☐ Credit Card Invoice ☐ Drivers License ☐ Notary Auth. Letter ☐ Utility Bill
 Specify Mailing Address below if it is NOT the same as the Property/Home Address ☐ Municipal Tax Bill ☐ Rental Agreement ☐ Mortgage Statement ☐ BCID

 Mailing Address: _____
 Street Address City Province Postal Code

Birthplace: _____

City Province Country

Home Language: _____ Language Most Used: _____ First Language: _____

Aboriginal Ancestry

☐ Yes ☐ No

(if Yes, please

complete boxes

to the right)

☐ Status☐ Non-Status☐ Metis☐ InuitIf **Status**, indicate if Off Reserve or On Reserve:☐ Off reserve☐ On reserve - Band of Residence: ☐ Songhees ☐ Esquimalt ☐ Other (please specify) _____

- DIA Band Name: _____ DIA Status Number: _____

Custody: ☐ Both Parents ☐ Mother ☐ FatherCourt Order? ☐ No ☐ Yes If Yes, provide details: _____☐ Other, specify: _____ Note: a copy of an up-to-date court order must be on file with the school.

Parent/Guardian Information

Last Name: _____ First Name: _____

Parent Type: ☐ Mother ☐ Father ☐ Other, specify: _____Home Address: Same as student ☐

(specify address below if this parent's address is different than the student's address)

Street City Prov Postal Code

Home Phone: _____

Place of employment: _____

Work Phone: _____ Ext. _____

Cell Phone: _____

Email address: _____

Parent/Guardian Information

Last Name: _____ First Name: _____

Parent Type: ☐ Mother ☐ Father ☐ Other, specify: _____Home Address: Same as student ☐

(specify address below if this parent's address is different than the student's address)

Street City Prov Postal Code

Home Phone: _____

Place of employment: _____

Work Phone: _____ Ext. _____

Cell Phone: _____

Email address: _____

Emergency Contact (custodial parents will always be contacted first) Last Name: _____ First Name: _____ Relationship to student: _____ Home Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street City Prov Postal Code </div> Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____ Email address: _____ Can this contact person pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Contact (custodial parents will always be contacted first) Last Name: _____ First Name: _____ Relationship to student: _____ Home Address: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Street City Prov Postal Code </div> Home Phone: _____ Work Phone: _____ Ext: _____ Cell Phone: _____ Email address: _____ Can this contact person pick up the student? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Before/After School Care: _____ Phone: _____ Cell: _____
--

Medical Information CareCard No: _____ - _____ - _____ Family Doctor: _____ Phone: _____ <div style="text-align: center; font-weight: bold; font-size: 0.9em;"> Doctor's contact information required if student has a life-threatening condition. </div> <div style="margin-top: 10px;"> Life Threatening Health Condition: <input type="checkbox"/> Yes <input type="checkbox"/> No If the student has a life-threatening health condition, please arrange to meet with the school principal prior to the student attending school. The life-threatening health conditions that apply to this student are: <div style="margin-top: 5px;"> <input type="checkbox"/> Anaphylactic - Allergen(s): _____ <input type="checkbox"/> Asthma that has resulted in hospitalization in the past year _____ <input type="checkbox"/> Blood Clotting Disorder (e.g. haemophilia) _____ <input type="checkbox"/> Diabetes _____ <input type="checkbox"/> Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years _____ <input type="checkbox"/> Serious Heart Condition (e.g. heart murmur, heart repair) _____ <input type="checkbox"/> Other Health Conditions which may require emergency care - please specify: _____ </div> </div> <div style="margin-top: 10px;"> Non-life-threatening health conditions: If the student has a non-life-threatening health condition which may affect his/her ability to function at school, please indicate here: _____ </div> <div style="margin-top: 10px;"> Medication Administration: <input type="checkbox"/> I request that the student receive assistance with, or be supervised during, medication administration in an emergency. Please contact school staff to discuss. <input type="checkbox"/> The student requires medications to be administered during school hours for one month or longer. Please contact school staff to discuss. Name of Medication(s): _____ </div>

Parental Authority for Regular School Journeys <input type="checkbox"/> I give my permission for this student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken. <input type="checkbox"/> I prefer to give separate written permission for each field trip that this student will attend. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Signature of Parent/Guardian Date </div>	Parental Authority for Accessing Electronic Communication Systems In accordance with Regulation 5131.9 <i>Student Acceptable Use of Electronic Communications Systems in Schools</i> , <input type="checkbox"/> I grant permission <input type="checkbox"/> I do not grant permission. I understand that a copy of the regulation is available in the school office. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Signature of Parent/Guardian Date </div>
---	--

The school has a Parent Advisory Council (PAC) that represents the parents and engages in activities in support of the school. The school PAC is a member of the Victoria Confederation of Parent Advisory Councils (VCPAC) . The school will make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC and to VCPAC for contact purposes.	
I give permission for the release of my name, home phone number, mailing address, and the student's name and grade to the school PAC <input type="checkbox"/> and to VCPAC <input type="checkbox"/>. (Check each box to indicate that permission is given for each and then provide a signature below.)	
Signature of Parent/Guardian	Date

I certify that the information I have provided on this form is correct:	
Signature of Parent/Guardian	Date