




School District 47 K-12 Registration

Preferred School:	Select... <input type="button" value="v"/>	Grade in Upcoming Year:	<input type="text"/>
Previous School Information			
Previous District:	<input type="text"/>	Previous School:	<input type="text"/>
Was this student registered in a Strong Start Program (incoming Kindergarten only): Yes <input type="checkbox"/> No <input type="checkbox"/>			
Will you be concurrently enrolled with another district? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you answered yes to either of the previous two questions, please indicate School and District: <input type="text"/>			
Student Demographic Information			
Legal Last Name:	<input type="text"/>	Legal First Name:	<input type="text"/>
Preferred Last Name:	<input type="text"/>	Preferred First Name:	<input type="text"/>
Middle Name(s):	<input type="text"/>	Date of Birth:	<input type="text"/> 
Gender:	Select... <input type="button" value="v"/>	Proof of Age:	Select... <input type="button" value="v"/>
Home Phone	<input type="text"/>	Unlisted:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a Special Education Designation we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is there a current IEP in place? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes to either of the two the previous questions, please provide details below: <input type="text"/>			
Physical Address			
Street Name:	<input type="text"/>	Mailing Address:	Same as Street Address <input type="checkbox"/>
Street No:	<input type="text"/>	Apartment:	<input type="text"/>
Town	<input type="text"/>	Other: <input type="text"/>	
Postal Code:	<input type="text"/>		
Background Information			
Country & Province of Birth:	<input type="text"/>	Aboriginal Ancestry:	Select... <input type="button" value="v"/>
Primary Language Spoken:	<input type="text"/>	Live on Reserve:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Parent/Guardian Information			
Parent Guardian 1:			
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Relationship to Student:	<input type="text"/>	Living with Student:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (if different than students): <input type="text"/>			
Place of Employment:	<input type="text"/>	Work Phone:	<input type="text"/>
Available at Work: Yes <input type="checkbox"/> No <input type="checkbox"/>	Home Phone:	<input type="text"/>	Unlisted: <input type="checkbox"/>
Cellphone:	<input type="text"/>	Fax:	<input type="text"/>
		email:	<input type="text"/>
Do you have a specific custody arrangement we should know about? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes please bring a copy of the copy of the court order to school</i>			

Parent/Guardian Information									
Parent Guardian 2:									
Last Name:			First Name:						
Relationship to Student:			Living with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>						
Address (if different than students):									
Place of Employment:			Work Phone:						
Available at Work: Yes <input type="checkbox"/> No <input type="checkbox"/>			Home Phone:			Unlisted: <input type="checkbox"/>			
Cellphone:		Fax:		email:					
Do you have a specific custody arrangement we should know about? Yes <input type="checkbox"/> No <input type="checkbox"/>									
<i>If yes please bring a copy of the copy of the court order to school</i>									
Siblings									
Name:		Relationship:		Birth Date:					
Name:		Relationship:		Birth Date:					
Name:		Relationship:		Birth Date:					
Name:		Relationship:		Birth Date:					
Emergency Contact Information (Other than Parent)									
Contact 1									
Last Name:			First Name:						
Relationship to Student:			Place of Employment:						
Home Phone:			Work Phone:						
Cell Phone:			Email:						
Contact 2									
Last Name:			First Name:						
Relationship to Student:			Place of Employment:						
Home Phone:			Work Phone:						
Cell Phone:			Email:						
Medical Information									
Name:		Type:	Select...	Phone:					
Name:		Type:	Select...	Phone:					
Life Threatening Illness: Yes <input type="checkbox"/> No <input type="checkbox"/>				Care Card No.:					
If your child has a Life Threatening Illness please provide details below:					Other Health Factors (ie allergies):				
Additional information the School should be aware of:					Special Education Services received at previous school:				

Permissions	
PERMISSION TO TRAVEL	
Occasionally Schools/Classes will travel for district and community events. Teachers will notify you prior to any class travel,	<i>Consent: I give permission for my child to travel with School District personnel on trips that are deemed appropriate by staff and administration.</i>
I agree <input type="checkbox"/> I do not agree <input type="checkbox"/>	
PERMISSION TO TRANSPORT IN CASE OF MEDICAL EMERGENCY	
In the rare instance where a child is injured and needs to be taken to the hospital, school staff may choose to take the child directly or call an ambulance to transport.	<i>Consent: I give permission to School District 47 personnel to either transport my child, or arrange transportation on behalf of my child, to a medical facility in the case of injury. The method of transportation will be at the School's discretion.</i>
I agree <input type="checkbox"/> I do not agree <input type="checkbox"/>	
PARENT ADVISORY COUNCIL (PAC)	
Each school has a designated Parent Advisory Council (PAC) that meets regularly with school administration to discuss the needs of students and the school as a whole. Individual PACs may wish to communicate with parents regarding upcoming events and opportunities.	<i>Consent: I give permission for the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council for the purpose of school related communications.</i>
I agree <input type="checkbox"/> I do not agree <input type="checkbox"/>	
ACCESS TO INTERNET	
School staff occasionally will employ online tools to support the learning process occurring in the classroom.	<i>Consent: I give permission for my child to access the internet while at school in support of their education. This consent does not extend to the registration of student information in online programs and resources.</i>
I agree <input type="checkbox"/> I do not agree <input type="checkbox"/>	
PHOTOS	
In School District 47, we often use pictures to help build rapport between students, parents and staff. To that end, we publish a newsletter several times a year that is emailed to the whole school and then posted to our School websites. Schools occasionally also have a section of their website where they post student pictures, and occasionally use photos for promotional purposes such as newspaper articles. None of the photos used in the newsletter, on school websites, or in promotional materials have any names included.	<i>Consent: I understand that my child's photo(s) may be used in School/District Newsletters, on School/District Websites, and in promotional materials for School District 47. I hereby consent, on behalf of me and my child, to my child's photo(s) being used in the manner described above.</i>
I agree <input type="checkbox"/> I do not agree <input type="checkbox"/>	
REGISTRATION ACKNOWLEDGEMENT	
By registering my child in School District 47 I acknowledge that:	
<ul style="list-style-type: none"> • That my child will use his/her locker/desk only for accepted school-related activities and that it may be inspected by the Principal or other person in authority with the Principal at any time without notice. • That schools have the obligation and right to share demographic information with Provincial Health and Social Service agencies. • That schools have the responsibility to investigate all threatening behaviour. 	
I agree <input type="checkbox"/> I do not agree <input type="checkbox"/>	
Registration Submission	
<p>Submission of this form does not complete the registration process. Please ensure that you bring your proof of ID to your preferred school for the office staff to verify. If you have any questions regarding the process please feel free to contact District staff.</p> <p><i>The information collected on the student registration form, and ongoing information regarding student progress and assessments, is collected under the authority of the School Act, in a web based format. The information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation, and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act. Except as noted above personal information will not be release to a third party in a recognizable form without your permission.</i></p> <p><i>By typing my name here and clicking Submit I acknowledge that I am a custodial parent, and have educational rights to enroll my child in School District 47 Powell River.</i></p>	
Parent Name (Typed if online, Signature if hard copy):	<input type="text"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	