

The information on this form is collected under the authority of the *School Act*. 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*.

School Name: Valleycliffe Elementary School

### Required Registration Documentation

**Before registering your child, the school must have all of the following documentation.**

Child's Birth Certificate or Passport     Care Card     Proof of street address\*

\*Parent Driver's License, BC Identification, utility bill, or residential rental/lease agreement, with parent name *and street address*

### Student Information

**Please ensure you fill this form out completely using N/A for areas that are not applicable.**

Program Desired:  English     French Immersion    Grade: \_\_\_\_\_

#### **Legal Names as shown on birth certificate**

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

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Day    Month    Year

Gender: \_\_\_\_\_

Names of School Aged Siblings: \_\_\_\_\_

Usual Names (***if different from legal names***)

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

Home Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_  
House #    Street Name

Box #: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Previous School: \_\_\_\_\_  
School name    Grade    City    Province    Phone Number

Attended English Program     Attended French Immersion Program

Primary Language(s) spoken at home: \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_ Life Threatening? No  Yes

Medical Condition: \_\_\_\_\_ Life Threatening? No  Yes

If you answered yes to either of the above questions please see the principal regarding an Individual Care Plan.

Does your child carry/require medication at school? No  Yes

If yes, medication name and additional information: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Doctor.: \_\_\_\_\_ Phone: \_\_\_\_\_

Citizenship	
<input type="checkbox"/> Canadian	
<input type="checkbox"/> Other Citizenship (provide details below)	
Country of Birth: _____	Country of Citizenship: _____
<input type="checkbox"/> Landed Immigrant	<input type="checkbox"/> Permanent Resident
<input type="checkbox"/> International Student	<input type="checkbox"/> Study/Work permit

Aboriginal Ancestry	
If any of the following applies to your child they have Aboriginal Ancestry and are eligible for our Aboriginal Education programs and services. Please check all that apply below.	
<input type="checkbox"/> First Nations	<input type="checkbox"/> Metis
<input type="checkbox"/> Inuit	
Is your child: <input type="checkbox"/> Non-status <input type="checkbox"/> Status-Off Reserve <input type="checkbox"/> Status-On Reserve	
DIA # _____	
Name of Band: _____	Band number: _____
<input type="checkbox"/> None of the above applies to my child.	

Family Information	
Student lives with:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Other (describe) _____
<input type="checkbox"/> Sole custody	or <input type="checkbox"/> Joint Custody (Court order documents required for student file)
<b>Parent/Guardian #1</b>	
<b>(circle one)</b> Mother, Step-mother, Foster-mother, Grandmother, Guardian, Father, Step-father, Foster-father, Grandfather, Guardian	
First Name: _____	Last Name: _____
Home Phone: _____	Cell phone: _____
Work Phone: _____	Address/Home Phone No. <input type="checkbox"/> Same as child
Email Address: _____	
Street Address: _____	Apt#: _____ Box #: _____
House # _____ Street Name _____	
City: _____	Postal Code: _____
Place of Work: _____	
<b>Parent/Guardian #2</b>	
<b>(circle one)</b> Mother, Step-mother, Foster-mother, Grandmother, Guardian, Father, Step-father, Foster-father, Grandfather, Guardian	
First Name: _____	Last Name: _____
Home Phone: _____	Cell phone: _____
Work Phone: _____	Address/Home Phone No. <input type="checkbox"/> Same as child
Email Address: _____	
Street Address: _____	Apt#: _____ Box #: _____
House # _____ Street Name _____	
City: _____	Postal Code: _____
Place of Work: _____	

<b>Emergency Contacts</b>	
<p>In the event your child is ill or there is an emergency, we will attempt to contact you prior to calling emergency contacts listed below. Please do not list yourself as an emergency contact, but rather provide us with the names of other friends or family who you authorize to pick up your child in the event of an emergency or illness.</p>	
1. Legal Name: _____	Relationship to student: _____
Daytime Phone: _____	Cell Phone: _____
2. Legal Name: _____	Relationship to student: _____
Daytime Phone: _____	Cell Phone: _____
3. Legal Name: _____	Relationship to student: _____
Daytime Phone: _____	Cell Phone: _____
<b>If possible, please make contact 4 out of district</b>	
4. Legal Name: _____	Relationship to student: _____
Daytime Phone: _____	Cell Phone: _____

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

<b>For Office Use Only</b>	<input type="checkbox"/> Requested School Records	<input type="checkbox"/> Copy of Proof of Birthdate On File	<input type="checkbox"/> Local ID# to Tech Dept. & Library
	<input type="checkbox"/> Demographics Printed/Added to Office Student Info Binder	<input type="checkbox"/> Printed Name Tag For Classroom Emergency Kit (Elementary)	<input type="checkbox"/> FIPPA Web 2.0 Tools
	<input type="checkbox"/> Program Assignments (for mid-year student entries)		

**Canadian Anti-Spam Legislation (CASL) - Consent to Receive Electronic Messages**

Canada's Anti-Spam Legislation (CASL) came into effect July 1, 2014. As a result, our school must now obtain your specific consent to be able to send you school newsletters, announcements, and other electronic messages that may contain advertising or promotions for school related events including requests for field trips, fundraising, yearbooks, student pictures, dance tickets, or other similar events and offers. Occasionally schools may also include community information such as local Parks and Recreation programs, community health updates, and other items that the school principal deems may be of interest to parents.

**Parent/Guardian Name:** \_\_\_\_\_  
*(Please print first and last name)*

**Student's Legal First & Last Name:** \_\_\_\_\_  
*(Please print)*

I give (insert school name) and School District No. 48 (Sea to Sky) permission to contact me using electronic messages which may include information as described above.

Yes \_\_\_\_\_  No  
email address

\_\_\_\_\_  
Signature Date

I also give the school Parent Advisory Council and the District Parent Advisory Council permission to contact me using electronic messages which may include commercial information as described above.

Yes  No  
\_\_\_\_\_  
Signature Date

*This consent must be completed separately by each parent/guardian contact wishing to receive communication via electronic messaging as described above. Contact the school to request additional consent forms.*

You may also subscribe or unsubscribe from this communication list via this email address/link: [vce@sd48.bc.ca](mailto:vce@sd48.bc.ca)