

# SD48 (Sea to Sky) Cultural Journeys Registration Form - Student Registration Form.docx

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: CULTURAL JOURNEYS

Required Registration Documentation	
Before registering your child, the school <u>must</u> have all of the following documentation.	
<input type="checkbox"/> Child's Birth Certificate or Passport	<input type="checkbox"/> Care Card <input type="checkbox"/> Proof of street address*
*Parent Driver's License, BC Identification, utility bill, or residential rental/lease agreement, with parent name <i>and street address</i>	

Student Information	
Please ensure you fill this form out <u>completely</u> using N/A for areas that are not applicable.	
Program Desired: <input type="checkbox"/> English <input type="checkbox"/> French Immersion	Grade: _____
<b><u>Legal Names as shown on birth certificate</u></b>	
Surname: _____	First Name: _____
Birthdate: _____ / _____ / _____ <i>Day Month Year</i>	Middle Name: _____
Gender: _____	
Names of School Aged Siblings: _____	
Usual Names <i>(if different from legal names)</i>	
Usual Surname: _____	Usual First Name: _____
Home Phone: _____	Street Address: _____ Apt#: _____ <i>House # Street Name</i>
Box #: _____	City: _____ Postal Code: _____
Previous School: _____ <i>School name Grade City Province Phone Number</i>	
<input type="checkbox"/> Attended English Program	<input type="checkbox"/> Attended French Immersion Program
Primary Language(s) spoken at home: _____	

Medical Information	
Allergies: _____	Life Threatening? No <input type="checkbox"/> Yes <input type="checkbox"/>
Medical Condition: _____	Life Threatening? No <input type="checkbox"/> Yes <input type="checkbox"/>
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 <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes, medication name and additional information: _____	
Disabilities: _____	
Care Card Number: _____	
Doctor.: _____	Phone: _____

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**Citizenship**

- Canadian
- Other Citizenship (provide details below)
- Country of Birth: \_\_\_\_\_ Country of  
Citizenship: \_\_\_\_\_
- Landed Immigrant     Permanent Resident     International Student     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.

- First Nations     Metis     Inuit

Is your child:     Non-status     Status-Off Reserve     Status-On Reserve

DIA # \_\_\_\_\_

Name of Band: \_\_\_\_\_ Band  
number: \_\_\_\_\_

- None of the above applies to my child.

**Family Information**

Student lives with:     Both Parents     Other (describe) \_\_\_\_\_

Sole custody    or     Joint Custody (*Court order documents required for student file*)

**Parent/Guardian #1**

*(circle one) 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.  Same as child

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

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Box #: \_\_\_\_\_

City: \_\_\_\_\_ House # \_\_\_\_\_ Street Name \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Work: \_\_\_\_\_

**Parent/Guardian #2**

*(circle one) 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.  Same as child

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

Street Address: \_\_\_\_\_ Apt#: \_\_\_\_\_ Box #: \_\_\_\_\_

City: \_\_\_\_\_ House # \_\_\_\_\_ Street Name \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Work: \_\_\_\_\_

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**Emergency Contacts**

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.

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: \_\_\_\_\_

**If possible, please make contact 4 out of district**

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)		

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**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 \_\_\_\_\_  
email address

No

\_\_\_\_\_  
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.

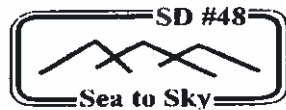
Yes     No

\_\_\_\_\_  
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: *(Insert school contact email address)*.



## Cultural Journeys Program of Choice

Dear Parent,

Please complete this form to acknowledge your **acceptance/confirmation** (top) or **withdrawal** (bottom) of your child in the **Cultural Journeys** Program of Choice in School District No. 48 (Sea to Sky) for September 2018.

### Parent Confirmation of Child Registration into the Cultural Journeys Program

- By signing this form I am accepting /confirming that my child will attend the **Cultural Journeys** Program in School District No. 48 (Sea to Sky) for September 2018.
- I understand my child will be **WITHDRAWN** from the English or French Immersion Program and that I may re-register into the English or French Immersion Program in School District No. 48 should I withdraw from the **Cultural Journeys** Program. However, I may be placed on a waitlist for the English or French Immersion Program in my catchment school if space is not available.

Child Name: \_\_\_\_\_

Grade in Sept. 2018: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### Parent Withdrawing Child from the Cultural Journeys Program

- I am withdrawing my child's registration from the **Cultural Journeys** Program
- I understand that by withdrawing my child's registration, if I choose to re-register my child in the **Cultural Journeys** Program my child may will be placed on a wait list.

Child's Name: \_\_\_\_\_

Grade in Sept. 2018: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

