

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	
<p>Before registering your child, the school <u>must</u> have all of the following documentation.</p> <p><input type="checkbox"/> Child's Birth Certificate or Passport <input type="checkbox"/> Care Card <input type="checkbox"/> Proof of street address*</p> <p><small>*Parent Driver's License, BC Identification, utility bill, or residential rental/lease agreement, with parent name <i>and street address</i></small></p>	
Student Information	
<p>Please ensure you fill this form out <u>completely</u> using N/A for areas that are not applicable.</p> <p>Program Desired: <input type="checkbox"/> English <input type="checkbox"/> French Immersion Grade: _____</p> <p><u>Legal Names as shown on birth certificate</u></p> <p>Surname: _____ First Name: _____</p> <p>Birthdate: _____ Middle Name: _____ <small> Day Month Year</small></p> <p>Gender: _____</p> <p>Names of School Aged Siblings: _____</p> <p>Usual Names (<i>if different from legal names</i>)</p> <p>Usual Surname: _____ Usual First Name: _____</p> <p>Home Phone: _____ Street Address: _____ Apt#: _____ <small> House # Street Name</small></p> <p>Box #: _____ City: _____ Postal Code: _____</p> <p>Previous School: _____ <small> School name Grade City Province Phone Number</small></p> <p><input type="checkbox"/> Attended English Program <input type="checkbox"/> Attended French Immersion Program</p> <p>Primary Language(s) spoken at home: _____</p>	
Medical Information	
<p>Allergies: _____ Life Threatening? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Medical Condition: _____ Life Threatening? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If you answered yes to either of the above questions please see the principal regarding an Individual Care Plan.</p> <p>Does your child carry/require medication at school? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If yes, medication name and additional information: _____</p> <p>Disabilities: _____</p> <p>Care Card Number: _____</p> <p>Doctor.: _____ Phone: _____</p>	

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 #: _____

House # Street Name

City: _____ 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 #: _____

House # Street Name

City: _____ Postal Code: _____

Place of Work: _____

Emergency Contacts	
<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: _____
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

For Office Use Only	<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 Stawamus School 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: bgordon@sd48.bc.ca