



REGISTRATION FORM

EMERGENCY CONTACTS		Can pick up student	Telephone Number
Daycare:		<input type="checkbox"/>	
Other (1)	<i>Relationship:</i>	<input type="checkbox"/>	
Other (2)	<i>Relationship:</i>	<input type="checkbox"/>	
Earthquake Release Contact		<input type="checkbox"/>	
Emergency Evacuation Contact		<input type="checkbox"/>	
MEDICAL INFORMATION: Please mark the box that applies if your child has one of the following serious medical conditions that may require emergency care during school hours – 911 will be called.			
<input type="checkbox"/> Diabetes <input type="checkbox"/> Allergy producing an anaphylactic type response needing hospitalization <input type="checkbox"/> Adrenalin <input type="checkbox"/> Severe asthma requiring emergency treatment		<input type="checkbox"/> Epilepsy with a history of seizures in the past two years <input type="checkbox"/> Blood clotting disorders (e.g. – hemophilia that requires immediate medical care in the event of injury.) <input type="checkbox"/> Other: _____	
Doctor:	Phone:	Care Card Number:	
Does your child routinely require medication during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Medical Instructions:			
SPECIAL EDUCATION			
<input type="checkbox"/> Does the student require any special education services? <input type="checkbox"/> Student requires an IEP (<i>Individual Education Plan</i>) <input type="checkbox"/> Student has Ministry designation (specify) _____ <input type="checkbox"/> Other _____			
TRANSFER INFORMATION – Previous School			
School District:			
School Name and Address:			
Phone Number:	Year:	Grade:	
FOR OFFICE USE ONLY:			
Assignment: Year: _____ Grade: _____		Teacher: _____	
Home Room: _____		Counsellor: _____	
Ministry PEN Number: _____		Program: _____	
Proof of Address Verified _____ <i>(signature required)</i>		BCeSIS Pupil Number: _____	
<input type="checkbox"/> Credit Card Invoice <input type="checkbox"/> Driver's License <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill		Proof of Age _____ <i>Verified (photocopy and signature required)</i> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Immigration Canada Document <input type="checkbox"/> Other (<i>as specified in Procedure No. 3025P</i>)	

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 79(2) of the School Act. The information on this form will be protected under the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, please contact the principal of your school or the Information & Privacy Officer, School District 68, 395 Wakesiah Avenue, Nanaimo, B.C. V9R 3K6 Telephone: (250) 754-5521.