

# Student Registration Form

Lax Kxeen Elementary School

## STUDENT INFORMATION

LEGAL NAME: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

NAME USED: LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_

GENDER: MALE  FEMALE  GENDER IDENTITY: MALE  FEMALE  OTHER

BIRTHDATE: \_\_\_\_\_ HOME LANGUAGE: \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

STREET ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
(IF DIFFERENT FROM HOME ADDRESS)

PRIMARY CONTACT NUMBER: \_\_\_\_\_  
(USED FOR AUTO-DIALER CALLS FOR ATTENDANCE, MESSAGES AND EMERGENCY NOTICES)

STUDENT CONTACT NUMBER: \_\_\_\_\_

STUDENT LIVES WITH: BOTH PARENTS  MOTHER  FATHER  OTHER: \_\_\_\_\_

CUSTODY: BOTH PARENTS  MOTHER  FATHER  OTHER: \_\_\_\_\_

COURT ORDER: NO  YES  RECEIVED

LAST SCHOOL ATTENDED: \_\_\_\_\_ GRADE STUDENT IS ENTERING: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

SECOND LANGUAGE CHOICE: FRENCH  S'MALGYAX  BAND YES  NO

MINISTRY DESIGNATION: YES  NO  STUDENT SUPPORTS: IEP (INDIVIDUAL EDUCATION PLAN)

ELL (ENGLISH LANGUAGE LEARNER)  SPEECH  OTHER: \_\_\_\_\_

## CITIZENSHIP INFORMATION

COUNTRY OF BIRTH: \_\_\_\_\_ (IF OTHER THAN CANADA PLEASE CONTINUE)

IMMIGRATION STATUS: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ COUNTRY OF CITIZENSHIP: \_\_\_\_\_

ENTRY DATE: \_\_\_\_\_ VISA EXPIRATION DATE: \_\_\_\_\_

(COPIES OF CANADIAN IMMIGRATION DOCUMENTS MUST BE PROVIDED)

**INDIGENOUS ANCESTRY INFORMATION:** SELF-IDENTIFIED INDIGENOUS ANCESTRY: YES  NO

IF YES: STATUS OFF RESERVE  STATUS ON RESERVE  METIS  INUIT  NON-STATUS

BAND OF ORIGIN: **TSMSYEN** - METLAKATLA  LAX KW'ALAAMS  HARTLEY BAY  KITSUMKALUM

KITKATLA  KITSELAS  KITASOO

HAIDA  NISGA'A  HAISLA  GIXTSAN  OTHER: \_\_\_\_\_

BAND OF RESIDENCE (IF LIVING ON RESERVE): \_\_\_\_\_

**CONTACT INFORMATION**

PARENT/GUARDIAN NAME: \_\_\_\_\_

RELATIONSHIP: MOTHER  FATHER  STEP FATHER  STEP MOTHER  OTHER: \_\_\_\_\_

ADDRESS IF DIFFERENT FROM STUDENT: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CAN PICK UP  RECEIVE EMAIL  RECEIVE MAILING  RECEIVE AUTO-DAILIER  PORTAL ACCESS

PARENT/GUARDIAN NAME: \_\_\_\_\_

RELATIONSHIP: MOTHER  FATHER  STEP FATHER  STEP MOTHER  OTHER: \_\_\_\_\_

ADDRESS IF DIFFERENT FROM STUDENT: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CAN PICK UP  RECEIVE EMAIL  RECEIVE MAILING  RECEIVE AUTO-DAILIER  PORTAL ACCESS

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**EMERGENCY CONTACT INFORMATION (OTHER THAN PARENT OR GUARDIAN)**

NAME: \_\_\_\_\_ PERMISSION TO PICK UP YES  NO

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

NAME: \_\_\_\_\_ PERMISSION TO PICK UP YES  NO

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

NAME: \_\_\_\_\_ PERMISSION TO PICK UP YES  NO

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

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**SIBLINGS IN DISTRICT:**

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**MEDICAL INFORMATION**

BC HEALTH NUMBER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ LIFE THREATENING: YES  NO

ANY OTHER EXISTING MEDICAL ISSUES OR DISABILITIES WE SHOULD KNOW ABOUT: \_\_\_\_\_

Proof of Age For Student (please provide one of the following):

- Birth Certificate
- Certificate of Citizenship
- Immigration Canada Documentation
- Permanent Resident Card
- Passport
- BC Identification

Proof of Residency for Parent/Guardian (if different from Student please also supply their proof of Residency)

- BC Driver's License
- BC ID Card (only if separate from driver's license)
- Document indicating BC Residency (ie utility bill) \_\_\_\_\_

*The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services, or support services, as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and protection of Privacy Act. If you have any questions about the information recorded, please contact your School Administrator.*

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OFFICE USE ONLY**

HOMEROOM PLACEMENT: \_\_\_\_\_

PERSONAL EDUCATION NUMBER: \_\_\_\_\_

Programs Assigned:	<input type="checkbox"/> 11817 – 52 Aboriginal Language and Culture – 29 <input type="checkbox"/> 11818 – 52 FS Support – 33 <input type="checkbox"/> 11884 – 52 Other Aboriginal – 36 <input type="checkbox"/> 11850 – 52 Core French – 08 <input type="checkbox"/> 11862 – ESL/ELD – 17 <input type="checkbox"/> 11851 – 52 Early French Immersion – 11
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Please sign for each item below if you authorize disclosure as described.

1. Disclosure of address and phone number

There are times when those responsible for organizing events and school activities require your name, home address, and phone number in order to contact you. This information will not be released to anyone for business or commercial purposes.

I give consent for release of my home address and phone number for the purposes explained above: Yes\_\_\_\_\_ No \_\_\_\_\_

2. Release of student photographs

It is a practice in our school district to allow school district staff and the media to photograph individuals (including the use of video and digital cameras) and groups of students to celebrate achievements and to promote various educational, sports, and cultural events taking place in the district. Students' names, photographs, and comments may be published in school district publications such as newsletters, yearbook, in the news and social media, or on school and district websites.

I give consent for release of my child's name, photograph, and comments as explained above: Yes\_\_\_\_\_ No \_\_\_\_\_

3. Student produced data stored on the internet

The school district may choose to host student produced classroom files and emails on the school district's hosted internet services (including but not limited to online word processing, presentation and spreadsheet applications) which may include Google Apps for Education and/or Microsoft Office 365 for Education. These files and emails are not physically hosted within the school district network and may be stored around the globe in various data centers, however, all of this student generated data is subject to the same security controls that are implemented district-wide as if it were an in-house service.

I give consent for my child to use School District 52 cloud-hosted file and email services as explained above: Yes\_\_\_\_\_ No \_\_\_\_\_

I, the undersigned, being a parent or lawful guardian of \_\_\_\_\_ do hereby consent to the participation of my child in activities conducted within the curriculum of the Prince Rupert School District during and after regular school hours on school premises and grounds, or elsewhere, provided reasonable supervision is given by a member of the school staff. Parents/guardians will be notified of all field trips. The consent shall be valid until revoked and covers: activities/performances at the Lester Center of the Arts, walking trips, field trips, swimming, skating, basketball, soccer, volleyball, and other similar activities. Additional permission slips will be required for field trips taking place outside of Prince Rupert.

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

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This consent form is valid for the continuous attendance of the student in all schools in School District #52. You may revoke this consent at the school at any time.