

Student Registration Form

Ecole Roosevelt 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 SM'ALGYAX

FRENCH IMMERSION 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: TSMYEN - 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-DIALER 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-DIALER PORTAL ACCESS

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: _____

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.