

K-12 Registration Form

REGISTERING FOR THE FRENCH IMMERSION PROGRAM?

YES NO



Mission Public Schools

FOR OFFICE USE ONLY: (Please ensure Proof of Age and Residency are provided and initial in allocated area)

CATCHMENT SCHOOL: _____ **Date:** _____ **STAFF INITIALS**

Information Verified By (Staff Name): _____

Current Year: Enrollment Date: _____ Grade: _____

Next Year: Date of Registration: _____ Time of Registration: _____ Current/Next Grade: _____

Cross Boundary: YES NO **If YES, Name of Cross Boundary School Requested:** _____

REGISTRATION DOCUMENTATION:

Proof of Age:	Proof of Residency:	Proof of Physical Address (catchment area schools only):
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documents <input type="checkbox"/> Passport <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Indigenous Status Card <input type="checkbox"/> Driver's License (if over 19)	<input type="checkbox"/> Driver's License <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Utility Bill <input type="checkbox"/> Parent's Care Card <input type="checkbox"/> Parent's BC Services Card	<input type="checkbox"/> Driver's License <input type="checkbox"/> Proof of Purchase of Residence <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Notary Authorized Letter <input type="checkbox"/> Rental Agreement, Accompanied With: Hydro Gas or Cable Bill <input type="checkbox"/> Mortgage Statement

TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):

STUDENT INFORMATION:

LEGAL Name: _____
(Last Name) (First Name) (Middle Name)

USUAL Name: _____
(Last Name) (First Name) (Middle Name)

Date of Birth: _____ **Age:** _____ **Legal Gender:** M F / **Preferred Gender:** M F Other
(DD-MM-YYYY)

Phone(s)/Email: _____
(Student Home) (Student Cell) (Student Work – if applicable) (Student Email)

Address: _____
(Apt. #, Street Name) (City) (Province, Postal Code)

Mailing Address (if different from above): _____

CITIZENSHIP:

Country of Birth: _____ **Citizen of:** _____ **Immigration Status:** _____

LANGUAGE:

First Language: _____ **Used at Home:** _____ **Most Used:** _____

INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:

Inuit
 Metis
 Non-Status
 Status-Off Reserve
 Status-On Reserve

Band of Origin: _____ **Band of Residence:** _____

FORMER SCHOOL / STRONGSTART:

Name of Former School: _____ **School District #:** _____ **City:** _____

Has student ever attended a Mission School or StrongStart Program? NO YES: **School Name:** _____

MEDICAL:

Personal Health Number (PHN): _____

Student has potentially life-threatening condition. Provide Details: _____

DISABILITIES and/or DIVERSE LEARNING NEEDS (please provide any applicable documentation):

Identified Disability and/or Diverse Need(s) NO YES. If Yes, Please Provide Details:

Student currently has an **Individualized Education Plan (IEP)** NO YES: If YES, Current Designations(s): _____

Other Information: _____

PARENTS/GUARDIANS:

Parent/Guardian #1.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)

Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

Parent/Guardian #2.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s)/Email: _____
(Home) (Cell) (Work) (Email)

Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO

Address if Different from Student's: _____

CUSTODY:

Are there any legal documents in force re: Custody / Guardianship / Access? YES NO

If YES, have you provided the school with a copy of these legal documents? YES NO

CUSTODY-Agency Representative: (e.g., MCFD)

Continuing Custody Order Temporary Custody Order

If YES, have you provided the school with a copy of these legal documents? YES NO

EMERGENCY CONTACT INFORMATION: (OTHER than Parents/Guardians)

Contact #3.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____
(Home) (Cell) (Work)

Can Pick-Up? YES NO / Speaks English? YES NO

Contact #4.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____
(Home) (Cell) (Work)

Can Pick-Up? YES NO / Speaks English? YES NO

Contact #5.

Relationship: _____ Last Name: _____ First Name: _____

Phone(s): _____
(Home) (Cell) (Work)

Can Pick-Up? YES NO / Speaks English? YES NO

I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature (if student is under 19): _____ Date: _____

(DD-MMM-YYYY)