



School District 19 (Revelstoke) Student Information Registration Form

STUDENT Legal Last Name _____ Legal First Name _____ Usual Last Name _____ Preferred First Name _____ Middle Name _____ Third Initial _____ Gender <input type="checkbox"/> F <input type="checkbox"/> M Birth Date _____ d d / m m / y y y y Proof of Age (copy attached) _____ Grade _____	PROPERTY ADDRESS Street # and Name _____ Province _____ Postal Code _____ Proof of Address (copy attached) <input type="checkbox"/>
MAILING ADDRESS	
Home Phone _____ Unlisted <input type="checkbox"/> Y <input type="checkbox"/> N	

PREVIOUS SCHOOL/DISTRICT	
District _____	School _____
Address/Phone _____	

IMMIGRATION/MISCELLANEOUS	
City / Prov / Country of Birth _____	
Citizenship _____	Permission to Release Info <input type="checkbox"/> Y <input type="checkbox"/> N
Language Spoken at Home _____	Interpreter Required <input type="checkbox"/> Y <input type="checkbox"/> N
Request materials in another language <input type="checkbox"/> Y <input type="checkbox"/> N	Immigration Status _____

ABORIGINAL STATUS	
Aboriginal ancestry is identified on a voluntary basis. By self-identifying Aboriginal heritage, additional school-based programs may be offered. A consent form will be sent home to confirm your interest in these programs.	
Aboriginal Heritage <input type="checkbox"/> Y <input type="checkbox"/> N	First Nations Status <input type="checkbox"/> Y Band # _____
Known Aboriginal Ancestry _____	Metis Status <input type="checkbox"/> Y Metis Citizenship # _____
	Non-Status <input type="checkbox"/> Y

PARENT/GUARDIAN	
1. Relationship Last Name _____ First Name _____ Living with Student <input type="checkbox"/> Y <input type="checkbox"/> N Same as Student Address <input type="checkbox"/> Y <input type="checkbox"/> N Address _____ Language _____ Speaks English <input type="checkbox"/> Y <input type="checkbox"/> N Copy of Correspondence <input type="checkbox"/> Y <input type="checkbox"/> N Willing to Volunteer <input type="checkbox"/> Y <input type="checkbox"/> N Work/Employment _____ Work Phone No. _____ Available At Work <input type="checkbox"/> Y <input type="checkbox"/> N Home Phone No. _____ Cellular Phone No. _____ E-mail Address _____	2. Relationship Last Name _____ First Name _____ Living with Student <input type="checkbox"/> Y <input type="checkbox"/> N Same as Student Address <input type="checkbox"/> Y <input type="checkbox"/> N Address _____ Language _____ Speaks English <input type="checkbox"/> Y <input type="checkbox"/> N Copy of Correspondence <input type="checkbox"/> Y <input type="checkbox"/> N Willing to Volunteer <input type="checkbox"/> Y <input type="checkbox"/> N Work/Employment _____ Work Phone No. _____ Available At Work <input type="checkbox"/> Y <input type="checkbox"/> N Home Phone No. _____ Cellular Phone No. _____ E-mail Address _____
Consent for School District #19 (Revelstoke) to send you newsletters, announcements, and other electronic messages which may contain advertising or promotions (e.g. field trips, yearbooks, fund raising, student pictures) or similar events or offers. You may withdraw your consent at any time by contacting the school district. <input type="checkbox"/> Y <input type="checkbox"/> N	
Custodial Agreement in Place <input type="checkbox"/> Y <input type="checkbox"/> N Custodial Parent _____	

SIBLINGS

Pupil No.	1. _____	2. _____	3. _____
Name	_____	_____	_____
Relationship	_____	_____	_____
Birthdate	_____	_____	_____
Gender	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="checkbox"/> F <input type="checkbox"/> M

EMERGENCY CONTACTS:

Parents are automatically the first to be contacted. Local emergency contacts are used in the event a parent cannot be contacted.

1. Last Name	_____	2. Last Name	_____
First Name	_____	First Name	_____
Relationship	_____	Relationship	_____
Language	_____	Language	_____
Address	_____	Address	_____
Home Phone No.	_____	Home Phone No.	_____
Unlisted	<input type="checkbox"/> Y <input type="checkbox"/> N	Unlisted	<input type="checkbox"/> Y <input type="checkbox"/> N
Work Place	_____	Work Place	_____
Work Phone No.	_____	Work Phone No.	_____
Cellular Phone No.	_____	Cellular Phone No.	_____

MEDICAL

Doctor's Name	_____	Phone	_____
Medical Services Plan Care Card # (copy attached)	_____		
Allergies	_____		
Life Threatening Condition	<input type="checkbox"/> Y <input type="checkbox"/> N		
<i>If yes, please see Principal for further documentation requirements.</i>			
Medication	_____		
Health Factors	_____		

Parent/Guardian Signature

Date

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy Act and the School Act for the purposes of administering educational services. Questions about the collection of personal information may be directed to the School District #19 (Revelstoke) Secretary-Treasurer, 250-837-2101.