



## School Admission/Registration Form for School Year: 2012 - 2013

**Office Use Only:**

Pupil No. \_\_\_\_\_

### OFFICE USE ONLY

Student Grade Level: \_\_\_\_\_

Homeroom/TA: \_\_\_\_\_

New Student  Graduated

Returning Student  Adult (born before July 1, 1993)

Student Transfer

Previous School: \_\_\_\_\_

Residency:

In Catchment

Out of Catchment

Out of District

Programs:

Regular Program

French Immersion

Pre-Employment

International Student

ESL Program: \_\_\_\_\_

Special Ed Program/

Designation: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Registration Date: \_\_\_\_\_ Number: \_\_\_\_\_

Public Health Nurse has been notified of life-threatening health condition.

Immigration Status:  Canadian Citizen  Permanent Resident/Landed Immigrant  International - Funding Eligible  
 Out of Prov Cdn - Funding Not Eligible  International - Funding Not Eligible  Refugee

Students without Canadian citizenship, Permanent Resident/Landed Immigrant status or International Student status must apply to the Director, Victoria International High School Program, for admission.

Previous School: \_\_\_\_\_ Grade: \_\_\_\_\_ Name of Sibling(s) at this School: \_\_\_\_\_

I am applying for a transfer for my student through the district Student Transfer Process:  Yes  No

Student's Grade 12 completion at \_\_\_\_\_ School in the year \_\_\_\_\_ or,  Not Applicable

Usual Last Name: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Preferred Middle Name(s): \_\_\_\_\_

Legal Middle Name(s): \_\_\_\_\_

Birth Date: \_\_\_\_-\_\_\_\_-\_\_\_\_  
dd mmm yyyy

Gender:  Female

Male

Check this box to indicate that the student has no Legal Middle Name:

Proof of Age:  BC Identification  Birth Certificate  Certificate of Citizenship  Court Order  Drivers License  INAC Status Card  
 Immigration Canada Documents  Permanent Resident Card  Vital Statistics Documentation  Passport

Home Phone: \_\_\_\_\_ Check this box to indicate that the Home Phone number provided is unlisted

Property/Home Address: \_\_\_\_\_  
Street Address City Province Postal Code

Mailing Address same as Property/Home Address:  Proof of  Credit Card Invoice  Drivers License  Notary Auth. Letter  Utility Bill  
 Specify Mailing Address below if it is NOT the same as the Property/Home Address Address:  Municipal Tax Bill  Rental Agreement  Mortgage Statement

Mailing Address: \_\_\_\_\_  
Street Address City Province Postal Code

Birthplace: \_\_\_\_\_  
City Province Country

First Language: \_\_\_\_\_ Language used at home: \_\_\_\_\_ Language most used: \_\_\_\_\_

Aboriginal Ancestry:  Status  Inuit  Non-Status  Metis

If **Status**, indicate if Off Reserve or On Reserve:

Off reserve

On reserve - Band of Residence:  Songhees  Esquimalt  Other (please specify) \_\_\_\_\_

- DIA Band Name: \_\_\_\_\_ DIA Status Number: \_\_\_\_\_

Custody:  Both Parents  Mother  Father  Other, specify: \_\_\_\_\_

Court Order?  No  Yes If Yes, provide details: \_\_\_\_\_

*Note: a copy of an up-to-date court order must be on file with the school.*

#### Parent/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Type:  Mother  Father  Other, specify: \_\_\_\_\_

Home Address: Living with student   
 (specify address below if this parent is NOT living with the student)

Home Phone: \_\_\_\_\_  
Street City Prov Postal Code Unlisted

Place of employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Unlisted

Cellular Phone: \_\_\_\_\_ Unlisted

Email address: \_\_\_\_\_

Above information can be used for emergency contact?  Yes  No

#### Parent/Guardian Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent Type:  Mother  Father  Other, specify: \_\_\_\_\_

Home Address: Living with student   
 (specify address below if this parent is NOT living with the student)

Home Phone: \_\_\_\_\_  
Street City Prov Postal Code Unlisted

Place of employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Unlisted

Cellular Phone: \_\_\_\_\_ Unlisted

Email address: \_\_\_\_\_

Above information can be used for emergency contact?  Yes  No

**Emergency Contact** (custodial parents will always be contacted first)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street	City	Prov	Postal Code
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Home Phone: \_\_\_\_\_ Unlisted

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted

Cellular Phone: \_\_\_\_\_ Unlisted

Email address: \_\_\_\_\_

Can this contact person pick up the student?  Yes  No

**Emergency Contact** (custodial parents will always be contacted first)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street	City	Prov	Postal Code
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Home Phone: \_\_\_\_\_ Unlisted

Business Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Unlisted

Cellular Phone: \_\_\_\_\_ Unlisted

Email address: \_\_\_\_\_

Can this contact person pick up the student?  Yes  No

Before/After School Care: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information**

CareCard No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Doctor's contact information required if student has a life-threatening condition.**

**Life Threatening Health Condition:**  Yes  No

If the student has a life-threatening health condition, **please arrange to meet with the school principal prior to the student attending school.**

The life-threatening health conditions that apply to this student are:

Anaphylactic or Severe Allergies to food or insect stings Allergen(s): \_\_\_\_\_

Asthma that has resulted in hospitalization in the past year \_\_\_\_\_

Blood Clotting Disorder (e.g. haemophilia) \_\_\_\_\_

Diabetes \_\_\_\_\_

Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years \_\_\_\_\_

Serious Heart Condition (e.g. heart murmur, heart repair) \_\_\_\_\_

Other Health Conditions which may require emergency care - please specify: \_\_\_\_\_

**Non-life-threatening health conditions:**

If the student has a non-life-threatening health condition which may affect his/her ability to function at school (e.g., vision impairment, hearing impairment, activity limitation, mental health disorder), please indicate here: \_\_\_\_\_

**Medication Administration:**

I request that the student receive assistance with, or be supervised during, medication administration in an emergency.

The student requires medications to be administered during school hours for one month or longer. **Please contact school staff to discuss.**

Name of Medication(s): \_\_\_\_\_

**Parental Authority for Regular School Journeys**

I give my permission for this student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken.

I prefer to give separate written permission for each field trip that this student will attend.

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

\_\_\_\_\_  
Date

**Parental Authority for Accessing Electronic Communication Systems**

In accordance with Regulation 5131.9 *Student Acceptable Use of Electronic Communications Systems in Schools*,

I grant permission

I do not grant permission.

I understand that a copy of the regulation is available in the school office.

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

\_\_\_\_\_  
Date

**I certify that the information I have provided on this form is correct:**

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

\_\_\_\_\_  
Date

The school has a Parent Advisory Council (PAC) that represents the parents and engages in activities in support of the school. The school PAC is a member of the Victoria Confederation of Parent Advisory Councils (VCPAC). The school will normally make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC and to VCPAC for contact purposes.

**I give permission for the release of my name, home phone number, mailing address, and the student's name and grade to the school PAC  and to VCPAC .** (Check each box to indicate that permission is given for each and then provide a signature below.)

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

\_\_\_\_\_  
Date