



SCHOOL DISTRICT NO. 46 (Sunshine Coast)

STUDENT REGISTRATION FORM Program: AST Carpentry Cook

PLEASE PRINT CLEARLY

GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		USUAL Family Name(s)		PREFERRED First Name		PREFERRED Middle Name			
LEGAL Family Name (if different)			LEGAL First Name			LEGAL Middle Name (if different)		No Legal Middle Name <input type="checkbox"/>	
Birth Date ____ day ____ month ____ year		Age		For Office Use Only				Staff Initials _____	
Home Phone (____) _____		Unlisted <input type="checkbox"/> Yes <input type="checkbox"/> No		PROOF OF LEGAL NAME & AGE					
				<input type="checkbox"/> BC Identification		<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Certificate of Citizenship	
				<input type="checkbox"/> Court Order		<input type="checkbox"/> Driver's Licence		<input type="checkbox"/> Immigration Documents	
				<input type="checkbox"/> Vital Statistics Documents		<input type="checkbox"/> Passport		<input type="checkbox"/> Permanent Resident Card	
Home Address Street No. _____ Street Name _____		Apt. No. _____		City _____		Prov BC		Postal Code _____	
Mailing Address if different from Home Address Street No. _____ Street Name _____		Apt. No. _____		City _____		Prov _____		Postal Code _____	
Ever attended a BC School <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous District	Previous School		Previous School Prov		Previous School Country			
BIRTHPLACE Country of Birth: _____ Prov. of Birth: _____				For Office Use Only - CITIZENSHIP					
				<input type="checkbox"/> Canadian Citizen		<input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible			
				<input type="checkbox"/> International Funding Eligible		<input type="checkbox"/> Permanent Res / Landed Immigrant			
				<input type="checkbox"/> International Funding Not Eligible					
PLEASE INDICATE IF THE STUDENT HAS ABORIGINAL ANCESTRY									
<input type="checkbox"/> Aboriginal			<input type="checkbox"/> First Nations Status			<input type="checkbox"/> First Nations Non-Status			<input type="checkbox"/> Metis
<input type="checkbox"/> Inuit									

HEALTH FACTORS Check if applicable		Are any of these conditions LIFE THREATENING?	
<input type="checkbox"/> Anaphylactic <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information: _____		Please specify: _____	
Other Health Conditions which may require emergency care – please specify. _____			

SPECIAL LEARNING CONSIDERATIONS _____ _____	Ministry Designation - Special Needs Category (if known): _____
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The information on this form is collected under the authority of the School Act, Section 13 and 79. The information will be used for programming and planning purposes and when required, may be provided to health services, social services and other support services as outlined in Section 79(1b) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District No. 46, P.O. Box 220, Gibsons, B.C. V0NB 1V0, Telephone: 604 886-8811.

I certify that the above information is correct and valid as of _____ Date _____ Signature of Student _____

FOR OFFICE USE ONLY						
BCeSIS No.	School No.	School Name		Address Verified <input type="checkbox"/> Yes	Division	Teacher
Admission Reason: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Upgrading			Graduation Program Type <input type="checkbox"/> Adult Diploma <input type="checkbox"/> 1995 <input type="checkbox"/> 2004		Copies for file: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested	
Admission Date: ____ dd ____ mmm ____ yyyy		First Date of Attendance (if different) ____ dd ____ mmm ____ yyyy				
Student File <input type="checkbox"/> Requested <input type="checkbox"/> Received		<input type="checkbox"/> Teacher for Review <input type="checkbox"/> Filed				