

VANCOUVER ISLAND WEST SCHOOL DISTRICT 84  
**StrongStart School Registration Form**



**RAY WATKINS ELEMENTARY SCHOOL**

Box 70, 500 Trumpeter Drive, Gold River, BC V0P 1G0

Tel: 250 283 2220 Fax: 250 283 2400

**Personal Information**

There are times when PACs or others involved in school related activities, wish to have contact with parents to consult with them directly about school issues. Therefore, we request your consent to release your current name, home address and phone number.

- Yes, I give my consent for release of my home address and phone numbers for purposes consistent with the above.
- No, I do not permit the release of my home address and phone number for purposes consistent with the above.

**Note: Personal information will not be disclosed to anyone for business or commercial purposes.**

**Release of Student Photographs/Media**

Occasionally, district staff and the media photograph students or student groups to commemorate events taking place in our District.

Consent for the release of your child's name, photo and comments is required.

Students' names, photos and comments may be published, as authorized by the school in places such as yearbooks, newsletters, and/or the news media.

- Yes, I give consent for the publication of my child's name, photo and comments for purposes consistent with the above.
- No, I do not permit the publication of my child's name, photo and comments for purposes consistent with the above.

**Student Information - please print**

**Please provide Birth Certificate & Care Card for copying. Thank you.**

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle

Student's Usual Name: \_\_\_\_\_  
Last Name First Name Middle

Name called at school: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street/House Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_ ( M / F )  
dd mmm yyyy

Care Card No.: \_\_\_\_\_

**Parent or Guardian with whom student resides:**

Name: \_\_\_\_\_ (WK) Phone No.: \_\_\_\_\_

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

Name: \_\_\_\_\_ (WK) Phone No.: \_\_\_\_\_

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

Home Contact Name: \_\_\_\_\_

**Health Information:**

Family Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Any other medical conditions: \_\_\_\_\_

**Immigration/Miscellaneous:**

Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Immigration Status: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Aboriginal Ancestry Information:**

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

Band #: \_\_\_\_\_ Band Affiliation: \_\_\_\_\_

Request this child to participate in Aboriginal Education Program: Yes  No

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date