



VANCOUVER ISLAND WEST SCHOOL DISTRICT 84 School Registration Form

ZEBALLOS ELEMENTARY SECONDARY SCHOOL

Box 128, 675 Keno Crescent, Zeballos, BC V0P 2A0
Tel: 250 761 4227 Fax: 250 761 4234

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 Lockers

Prior to assigning a locker to your child, you acknowledge the terms and conditions under which the school provides a student with the use of the locker in accordance with District Policy E. 11 (see attached).

Yes, I have read and acknowledge the terms and conditions of Student Lockers for purposes consistent with the above.

Not applicable.

Signature: _____
Parent/Guardian

Name: _____
Please Print

Date Signed: _____

Student Information - please print

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)
mm/dd/yr

Birth Certificate Registration No.:

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: _____

Can this contact person pickup the student: Yes No

Name and number of a relative or friend to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Parent or Guardian with whom the Student DOES NOT reside:

_____ Relationship
Last Name First Name

Court Order in Effect: Yes No

Who has legal access to the child: _____

Siblings or same family registered at this school: _____

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

HEALTH INFORMATION:

Family Doctor/Clinic: _____ Phone: _____

Allergies: _____

Anaphylaxis and/or history of severe allergic response? Yes No

Severe Asthma - immediate medical treatment required? Yes No

If _____ Yes, _____ Provide _____ information _____

This child is currently on regular medication for:

Authorization for Medication Form Needed? Yes No

Can this child take part in regular physical activities? Yes No

Disabilities: _____

Medical Conditions and Special Medical Instructions (Physical and Mental Health) Note: These matters can be discussed in privacy with the Principal rather than noted below. Please indicate if you would like to meet with the Principal : Yes No (please use additional page if necessary)

SPECIAL ASSISTANCE:		Has this child received any of the following special services?	
Learning Assistance	<input type="checkbox"/>	ESD/ESL	<input type="checkbox"/> Language Spoken at Home _____
Speech Therapy	<input type="checkbox"/>	Physiotherapy	<input type="checkbox"/>
Other (explain)	<input type="checkbox"/>	_____	

Signature: _____

Parent/Guardian

Name (Please Print): _____

Date: _____

OfficeUseOnly:			
Lunch: At School	<input type="checkbox"/>	At Home	<input type="checkbox"/> Bus Student: <input type="checkbox"/>
Name of Previous School: _____			
Address of Previous School: _____			
Transfer Papers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Registration Date: _____
Records Requested	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Grade Assigned: _____
Special Ed. Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	HR/Division/Teacher: _____
ESD Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Locker #: _____ Paid <input type="checkbox"/>
Ministry PEN: _____		School Student#: _____	