

Ray Watkins Elementary School

Box 190
500 Trumpeter Dr., Gold River BC V0P 1G0
T: 250 283 2220 F: 250 283 2400 E: rwesadmin@viw.sd84.bc.ca



<u>For Office Use Only</u>	YOG:
PEN:	Grade:
Date:	Pupil Number:
Previous School:	
Alerts: Y N	BC: Y N CC: Y N SC: Y N
Personal Information: Y N	Photo/Media: Y N

Student:

Legal Last Name:	Mailing Address:
Legal First Name:	
Legal Middle Name (s):	Street Address:
Usual Last Name:	
Usual First Name:	Postal Code:
Date of Birth:	Gender:
Age:	Email:
	Personal Health Number:

Parent Guardian Information with whom student resides:

1) Name:	Home/Cell Phone:
Relationship to Student:	Work Phone:
2) Name:	Home/Cell Phone:
Relationship to Student:	Work Phone:

Parent or Guardian with whom the student **DOES NOT** reside:

Emergency Contact Information: Can this contact person pickup the student: Yes No

Emergency Contact 1:	Home Phone:	Work:
	Cell Phone:	Relationship:
Emergency Contact 2:	Home Phone:	Work:
	Cell Phone:	Relationship:

Citizenship:

Country:	Visa Status:	Expiration:
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Aboriginal Ancestry:

Metis <input type="checkbox"/>	Status-On Reserve <input type="checkbox"/>	Non-Status <input type="checkbox"/>
Inuit <input type="checkbox"/>	Status-Off Reserve <input type="checkbox"/>	
Band of Origin:	Band of Residence:	Status Number:

Language:

At Home:	Most Used:	First:
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Student Legal Alerts - Court Order on File?

Description:

Student Medical Alerts - Life Threatening?

Doctor's Name:

Phone:

Description:

Medical Conditions and Special Medical Instructions:

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

Description:

Special Assistance - Has this child received any of the following services?

Learning Assistance

ESD/ESL

Speech Therapy

Physiotherapy

Other (explain):

Please read and check No if necessary: (Personal information will not be disclosed to anyone for business or commercial purposes)

Personal Information

There are times when PAC 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. If you do not want this information released please check the box below.

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

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. If you do not consent please check the box below.

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

Signature:

Name (please print):

Date: