



VANCOUVER ISLAND WEST SCHOOL DISTRICT 84  
**ZEBALLOS ELEMENTARY SECONDARY SCHOOL**  
 Box 128 675 Keno Crescent Zeballos BC V0P 2A0  
 Tel: 250 761 4227

## School Registration Form

### Student Information

Student's Legal Name:	Last Name	First Name	Middle Name(s)
	Last Name	First Name	Middle Name(s)
Student's Usual Name (if different)			
Student's Cultural Name(s)			
Age:	Date of Birth:	Gender	
Birth Certificate Registration #		Care Card #	
Aboriginal Ancestry: (circle one if applicable)		Inuit	Metis
		Non –Status	Status - Off Reserve
		Status - On Reserve	
Band of Origin		Band of Residence	
Canadian Citizen Yes / No	If not Canadian Citizen please provide country of birth and immigration status		
Name of Last School Attended		Location of Last School	Last completed grade
Does the student have an Individual Education Plan? Yes / No	Please note special education services received		
Siblings also attending ZESS			

### Parent or Guardian with whom student resides

Name		Relationship to student	
Home Phone	Cell Phone	Work Phone	
Email address			
Name		Relationship to student	
Home Phone	Cell Phone	Work Phone	
Email address			
Mailing Address		Postal Code	
Street/House Address			

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

Name		Relationship to student	
Court Order in Effect: Yes No If Yes, please provide a copy.		Legal Access / Can this Parent/Guardian pick up the student from school?	
<b>Emergency Contacts</b>			
Name	Relationship	Phone	Can this person pick up the student? Yes / No
Name	Relationship	Phone	Can this person pick up the student? Yes / No
Name	Relationship	Phone	Can this person pick up the student? 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
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. (Please use additional page if necessary)		

**Parent/Guardian completing this form**

Name (print)	Date	Signature
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**Office Use Only**

Transfer Papers	Yes / No	Registration Date	
Records Requested	Yes / No	Grade Assigned	
Special Ed. Program	Yes / No	HR/Division/Teacher	
ESD Program	Yes / No	PEN #	
Bus Student	Yes / No		
<b>Parental Consent and release forms</b>			
Parent Contact Information Release Yes / No		Photography and media Yes / No	Internet Technology Yes / No
Local Field Trip Yes / No		School Locker Yes / No	Permission to Leave at Lunch Yes / No