



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?	
Emergency Contacts			
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		
Parental Consent and release forms			
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