

Student Registration Form

Pacific Coast School

Date: _____ Time: _____

OFFICE USE ONLY		
Pupil #:	Locker #:	Counsellor:
Programs Assigned:	<input type="checkbox"/> 11817 – 52 Aboriginal Language and Culture – 29 <input type="checkbox"/> 11818 – 52 FS Support – 33 <input type="checkbox"/> 11884 – 52 Other Aboriginal – 36 <input type="checkbox"/> 11850 – 52 Core French – 08 <input type="checkbox"/> 11862 – ESL/ELD – 17 <input type="checkbox"/> 11851 – 52 Early French Immersion – 11	

PART 1: Student Information

Student Legal Last Name:		Student Preferred First Name:	
Student Legal First Name:		Student Preferred Last Name:	
Student Legal Middle Name:		Student Preferred Middle Name:	
Student Gender:	Date of Birth:	Home Phone #:	
Student Citizenship:		Primary Language Spoken at Home:	
Street Address:		City:	
Postal Code:		Province:	
Mailing Address (if different from above):			
Street/PO/Box #:		City:	
Postal Code:		Province:	
Aboriginal Ancestry: Yes _____ No _____ (If yes, please fill out the next two lines)			
Status On-Reserve _____ Status Off-Reserve _____ Metis _____ Inuit _____ Non-Status _____			
If living On-Reserve, what is the Band of Residence? _____			

PART 2: Supplementary Information

Proof of Age (please provide one of the following): <ul style="list-style-type: none"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Immigration Canada Documentation <input type="checkbox"/> Permanent Resident Card <input type="checkbox"/> Passport <input type="checkbox"/> BC Identification 	
Grade Student is Entering:	Previous School (if applicable):
Previous School City:	Previous School District #:
Are there any custody orders in place? Yes _____ No _____ (If yes, please provide copies to this office.)	
Possible Services Needed: ESL _____ LST _____ Counselling _____ Other _____	

PART 3: Student Contact Information

Parent or Legal Guardian (1)		
Last Name:	First Name:	Mr. Mrs. Ms. (Circle One)
Email Address:	Cell Phone:	Home Phone:
Occupation:	Name of Employer:	Work Phone:
Address (if different from student):		Parent or guardian: <ul style="list-style-type: none"> <input type="checkbox"/> Lives with student <input type="checkbox"/> Can pick up student from school <input type="checkbox"/> Can receive auto-dialer calls <input type="checkbox"/> Can receive email <input type="checkbox"/> Can receive mailings
Relation to Student:		

Parent or Legal Guardian (2)		
Last Name:	First Name:	Mr. Mrs. Ms. (Circle One)
Email Address:	Cell Phone:	Home Phone:
Occupation:	Name of Employer:	Work Phone:
Address (if different from student):		Parent or guardian: <ul style="list-style-type: none"> <input type="checkbox"/> Lives with student <input type="checkbox"/> Can pick up student from school <input type="checkbox"/> Can receive auto-dialer calls <input type="checkbox"/> Can receive email <input type="checkbox"/> Can receive mailings
Relation to Student:		



Parent or Legal Guardian (3)		
Last Name:	First Name:	Mr. Mrs. Ms. (Circle One)
Email Address:	Cell Phone:	Home Phone:
Occupation:	Name of Employer:	Work Phone:
Address (if different from student):	Parent or guardian: <ul style="list-style-type: none"> <input type="checkbox"/> Lives with student <input type="checkbox"/> Can pick up student from school <input type="checkbox"/> Can receive auto-dialer calls <input type="checkbox"/> Can receive email <input type="checkbox"/> Can receive mailings 	
Relation to Student:		

Emergency Contact (1) *To be contacted if parent/legal guardian cannot be reached	
Last Name:	First Name:
Mr. Mrs. Ms. (Circle One)	Relation to Student:
Occupation:	Name of Employer:
Cell Phone:	Home Phone:
Work Phone:	Email Address:
Emergency Contact can pick up student from school? Yes _____ No _____	
Address:	

Emergency Contact (2) *To be contacted if parent/legal guardian cannot be reached	
Last Name:	First Name:
Mr. Mrs. Ms. (Circle One)	Relation to Student:
Occupation:	Name of Employer:
Cell Phone:	Home Phone:
Work Phone:	Email Address:
Emergency Contact can pick up student from school? Yes _____ No _____	
Address:	

Sibling(s) in District			
1	Name:	School:	Grade:
2	Name:	School:	Grade:
3	Name:	School:	Grade:
4	Name:	School:	Grade:

PART 4: Medical Information

Doctor Name:	Clinic Name:
Doctor Phone Number:	Care Card #:
Immunizations up to date? Yes _____ No _____	
Allergies: Yes _____ No _____ Explain if YES: _____	
Is the allergy life-threatening? Yes _____ No _____	
Medications:	
Any other existing disabilities or medical problems we should know about?	



Please sign for each item below if you authorize disclosure as described.

1. Disclosure of address and phone number

There are times when those responsible for organizing events and school activities require your name, home address, and phone number in order to contact you. This information will not be released to anyone for business or commercial purposes.

I give consent for release of my home address and phone number for the purposes explained above: Yes _____ No _____

2. Release of student photographs

It is a practice in our school district to allow school district staff and the media to photograph individuals (including the use of video and digital cameras) and groups of students to celebrate achievements and to promote various educational, sports, and cultural events taking place in the district. Students' names, photographs, and comments may be published in school district publications such as newsletters, yearbook, in the news and social media, or on school and district websites.

I give consent for release of my child's name, photograph, and comments as explained above: Yes _____ No _____

3. Student produced data stored on the internet

The school district may choose to host student produced classroom files and emails on the school district's hosted internet services (including but not limited to online word processing, presentation and spreadsheet applications) which may include Google Apps for Education and/or Microsoft Office 365 for Education. These files and emails are not physically hosted within the school district network and may be stored around the globe in various data centers, however, all of this student generated data is subject to the same security controls that are implemented district-wide as if it were an in-house service.

I give consent for my child to use School District 52 cloud-hosted file and email services as explained above: Yes _____ No _____

I, the undersigned, being a parent or lawful guardian of _____ do hereby consent to the participation of my child in activities conducted within the curriculum of the Prince Rupert School District during and after regular school hours on school premises and grounds, or elsewhere, provided reasonable supervision is given by a member of the school staff. Parents/guardians will be notified of all field trips. The consent shall be valid until revoked and covers: activities/performances at the Lester Center of the Arts, walking trips, field trips, swimming, skating, basketball, soccer, volleyball, and other similar activities. Additional permission slips will be required for field trips taking place outside of Prince Rupert.

Signature of Parent/Guardian _____

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services, or support services, as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and protection of Privacy Act. If you have any questions about the information recorded, please contact your School Administrator.

This consent form is valid for the continuous attendance of the student in all schools in School District #52. You may revoke this consent at the school at any time.



PACIFIC COAST SCHOOL

Mailing Address: PO Box 520, Prince Rupert, BC V8J 3R7
Location: #285 - 309 2nd Ave West, Prince Rupert, BC V8J 3T1
Phone: (250)624-3228 Fax: (250)624-3134
Principal: Jeremy Janz
e-mail: Jeremy.Janz@sd52.bc.ca

Please check Community Agencies whose support you use:

<input type="checkbox"/> Ministry of Children & Family	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Child & Youth Mental Health
<input type="checkbox"/> Counsellor	<input type="checkbox"/> Youth Worker	<input type="checkbox"/> Friendship House
<input type="checkbox"/> North Coast Community Services	<input type="checkbox"/> Transition House	<input type="checkbox"/> Drug and/or Alcohol Services
<input type="checkbox"/> Probation	<input type="checkbox"/> RCMP	<input type="checkbox"/> Other

Names of Support Person at above agency:

Any other relevant information you would like us to be aware of:

Referred to Pacific Coast School by: _____

Reason for leaving last school:

GOALS: What do you hope to achieve as Pacific Coast School:

(How long do you plan to attend PCS? Length of time estimated to complete your stated goals.)

- Short-term catch-up (one semester or less).
- Complete current grade.
- One year – anticipate graduating within the current school year.
- Long-term graduation/attending for more than one year.
- Adult Grad – 18 years or older, returning to complete Grade 12.
- Graduated student upgrading marks or adding another course.



Learning Services

Mailing Address: PO Box 520, Prince Rupert BC
V8J 3R7 Location: 825 Conrad Street
Phone: (250) 624-0925 Fax: (250) 624-6572

CONSENT FOR RELEASE OF INFORMATION

Student's Name (Please print)

Date of Birth

School

The signature at the bottom of this form authorizes **the release of any information** to Prince Rupert School District No. 52 (Prince Rupert) Learning Services from any relevant service providers (eg., physicians, psychologist, education providers, Ministry for Children & Families, etc.). This information will be used to assist Learning staff in helping your child and will not be used for any other purpose. This information will remain strictly confidential.

SD52 Learning Services staff is also authorized to **share information with and to make referrals** to other service providers (e.g., physicians, psychologists, education providers, Ministry for Children & Families, etc.) who could assist us in designing and implementing school-based health and educational services for your child. This information will be shared only as needed.

All information will be kept confidential between the agencies involved.

Name of Parent or Legal Guardian (please print)

Signature of Parent or Legal Guardian Month Day Year

It is understood that this authorization is valid for one calendar year.