



School Admission (Policy 5119)
Bus Registration (Policy 3541)

School Name College Heights Secondary School
Grade: Registration Date:

Birth Certificate Proof of Address Last Report Card Court Order/Guardianship P to P Online Registration

STUDENT INFORMATION

MyEdBC Student No.
Legal Last Name
Legal First Name
Usual Last Name
Usual First Name
Middle Name(s)
Gender as per Birth Certificate Female Male
Birth Date (DD-MM-YY)
Proof of Age
Home Phone No

STUDENT PRIMARY CIVIC ADDRESS

House No. Apt #
Street Name
City
Postal Code
Out of Catchment Yes No

If bus student fax this form to 250-561-6809 Yes No
Closest intersecting roads

MAILING ADDRESS

Address if different from civic address (e.g. PO Box)

ADMISSION INFORMATION (Office use only)

Admission Start Date
Grade Homeroom
Reason for Admission

PREVIOUS SCHOOL AND DISTRICT

Previous District
Previous School
Cross Enrolled School
Has student attended a StrongStart Program?

BACKGROUND INFORMATION

Province & Country of Birth
Immigration Status
Language Spoken at home
ELL/ESD Yes No

Aboriginal Ancestry Yes No
If yes, Status off Reserve Métis Inuit Non-Status
If yes, living on Reserve Yes No
If yes, Band Name

Is student living independently (e.g., Living with self) Yes No

PARENT / GUARDIAN CONTACT INFORMATION

Last Name
First Name
Relationship Living with Student Yes No
Address if different from student (Note: Only 1 primary address)
(Provide alternate address here if shared custody)

Last Name
First Name
Relationship Living with Student Yes No
Address if different from student (Note: Only 1 primary address)
(Provide alternate address here if shared custody)

Copy of Correspondence if different address from student

Yes No
Place of Employment
Work Phone No.
Available at Work Yes No
Home Phone No.
Cellular Phone No.
E-mail Address

Copy of Correspondence if different address from student

Yes No
Place of Employment
Work Phone No.
Available at Work Yes No
Home Phone No.
Cellular Phone No.
E-mail Address

Do you have a specific custody arrangement we should know about? Yes No If yes, please provide a copy of the court order.

IN SCHOOL AGE SIBLINGS

Last Name _____
First Name _____
Relationship _____
Birthday (DD-MM-YY) _____
Gender _____

EMERGENCY CONTACT INFORMATION

(Other than the Parents / Guardians unless not living with the student and who are able to pick up the child/ren)

Emergency Contact No.1 (Not the Parent Contact)

Emergency Contact No. 2 (Not the Parent Contact)

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____
Work Phone No. _____
Cellular No. _____

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____
Work Phone No. _____
Cellular No. _____

MEDICAL INFORMATION

Care Card No _____
Life-Threatening Illness? Yes ___ No ___ Details _____
Is there a medical diagnosis of Anaphylaxis? _____
Other Health Factors (example: Allergies) _____

Any additional information we should be aware of? _____

Medication(s) to be taken at school? Yes ___ No ___ **If yes, physician form must be on file prior to administering at school.**

Protection of Privacy

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes, transportation contractor if a bus student, and when required, may be provided to health services, social services or other support services as outlined in section 88 and 91 of the School Act. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Freedom of Information and Protection of Privacy Officer, School District No. 57, 2100 Ferry Avenue, Prince George, B.C. V2L 4R5. Phone (250) 561-6800 Local 324.

Parent / Guardian approval: _____ Date: _____
(Signature)

Office use only - School / Administration Notes:

