

Student Registration Form

Student No: _____ Medical Alert ☐ Legal Alert ☐



Timberline Secondary School

1681 S. Dogwood St., Campbell River, B.C. V9W 8C1
Tel: 923-9500 • Fax: 923-9525 • Counselling Office Fax: 923-9526
timberline@sd72.bc.ca

Student Information - please print

Date of Form Completion: _____

Name: _____ Grade: _____
Last Name First Name Middle

Legal Name (if different than above): _____

Sex: _____ Age: _____ Date of Birth: _____ Birth Certificate Attached: ☐
Month Day Year

Court Order in Effect?: Yes ☐ No ☐ Custody order attached: ☐ Who has legal access to the child?: _____

Custody arrangement: _____

Cross Catchment: Yes ☐ No ☐ From: _____ French Immersion: Yes ☐ No ☐

Other family members registered at this school: _____

Student's Address: _____

_____ Postal Code: _____ Home Phone Number: _____

Mailing Address (if different): _____

_____ Postal Code: _____

Parent(s)/Guardian(s) who reside at the student's address provided above. In order of whom to contact if child is sick:

_____ Relationship: _____
Last Name First Name

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

_____ Relationship: _____
Last Name First Name

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Parent(s)/Guardian(s) who reside at another address:

_____ Relationship: _____
Last Name First Name

Address: _____

_____ Postal Code: _____ Home Phone Number: _____

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

_____ Relationship: _____
Last Name First Name

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Emergency Information - please print

Name and number of two relatives or friends to contact in case of an emergency:

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Name: _____ Phone: _____

Relationship: _____ Cell Phone: _____

Health Information

Family doctor: _____ Clinic: _____

Phone: _____ Provincial Care Card Number: _____

Family dentist: _____ Phone: _____

Heart Problems ☐ Diabetes ☐ Epilepsy ☐ Physical Disabilities ☐ Hearing ☐ Vision ☐

Allergies ☐ Other: _____

Anaphylaxis and/or history of severe allergic response ☐

Blood clotting disorders such as hemophilia that requires immediate medical care ☐

Severe asthma - immediate medical treatment required ☐

Other conditions which may require emergency care: _____

This child is currently on regular medication for: _____

Medication names: _____

Can this child take part in regular physical activities?: Yes ☐ No ☐

Other relevant information: _____

Special Assistance

Has this child received any of the following special services?

Learning Assistance ☐ English as a 2nd Language ☐ Speech Therapy ☐ Physiotherapy ☐ Gifted ☐

Other: _____

Language(s) spoken at home: _____

Are you of First Nations ancestry? Yes ☐ No ☐ Status? Yes ☐ No ☐ Band Affiliation: _____

Do you live on reserve? Yes ☐ No ☐ If so, what reserve: _____

Métis Ancestry ☐ N.I. Métis Nation ☐ Métis Nation B.C. ☐ Inuit Ancestry ☐

Previous School

Name & address of previous school _____

_____ Public School ☐ Private School ☐

For Office Use:

Bus Student: Yes ☐ No ☐ Bus #: _____

Assigned to: Div. #: _____ Rm. #: _____ Teacher: _____