



CAMPBELL RIVER
School District 72

Elementary Registration Form

For Office Use:	Date Registration Received: _____
School: _____	
Pupil Number: _____	Medical Alert _____ Legal Alert _____
Year of Graduation: _____	Proof of Residency: _____
Cross Catchment Transfer: _____	

Student Information – Please Print

Legal Name: _____
Last Name First Name Middle Name

Usual Name (if different than above): _____

Legal Gender: _____ Gender Identity: _____ Date of Birth: _____

Grade: _____ Birth Certificate Attached: _____ School: _____

Home Phone: _____

Previously registered in the StrongStart Program: _____ Centre Registered at: _____

Student's Primary Street Address: _____

City: _____ Postal Code: _____

Mailing Address (if different than above): _____

City: _____ Postal Code: _____

Siblings registered at same school: _____

Age(s) of preschool child(ren): _____

Canadian Indigenous Ancestry: _____ Band of Origin: _____ Band of Residence: _____

Country of Birth: _____ Country of Citizenship: _____ Citizenship Code: _____

Court Order in Effect? _____ **Custodial Agreement Attached:** Yes No **Who has legal custody?** _____

Custody arrangement? _____

Parent(s)/Guardian(s) who reside at the student's address provided above:

Name: _____ **Relationship:** _____
Last Name First Name

Home Phone: _____ Work Phone: _____ Work Extension: _____

Cell Phone: _____ Email: _____

Name: _____ **Relationship:** _____
Last Name First Name

Work Phone: _____ Work Extension: _____

Cell Phone: _____ Email: _____

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

Name: _____ **Relationship:** _____
Last Name First Name

Address: _____

City: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Work Extension: _____

Cell Phone: _____ Email: _____

Name: _____ **Relationship:** _____
Last Name First Name

Work Phone: _____ Work Extension: _____

Cell Phone: _____ Email: _____

Emergency Information – Please Print

Name and number of relatives or friends to contact in case of an emergency. Please list in order of preferred contact:

Name: _____	Relationship: _____	Can pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: _____	Cell Phone: _____	
Name: _____	Relationship: _____	Can pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: _____	Cell Phone: _____	
Name: _____	Relationship: _____	Can pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: _____	Cell Phone: _____	
Name: _____	Relationship: _____	Can pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: _____	Cell Phone: _____	

Alternate Caregivers

Preschool/Daycare/After School Care: _____

Permission to contact alternate caregiver: _____

Phone: _____

Health Information:

Personal Health Number: _____

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

Allergies _____ Allergies to: _____ 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 _____

This child is currently on regular medication for: _____

Medication names: _____

Other relevant information: _____

Additional Educational Services Has this child received any of the following special services?IEP ☐ Designation: _____

Learning Assistance _____ English Language Learner _____ Speech Therapy _____ Physiotherapy _____ Gifted _____

Other: _____

Language(s) spoken at home: _____

Previous School

Public School

Private School

Name and location of your previous school: _____

For Office Use:

Bus Student: Yes No

Bus #: _____

Assigned to: _____

Div. #: _____

Rm #: _____

Teacher: _____

First time Entry: _____

Yes No

If no, previous school contacted: _____

Student picked up: _____

Yes

Demographics updated: _____

Yes

To submit your registration, save a copy of your completed form and email it to student.registration@sd72.bc.ca. If you have electronic copies of your supporting documents (PDF or JPG files preferred) please attach the files to your email. Otherwise, please present your supporting documents at your neighbourhood catchment school.

I confirm that the information given on this form is true, complete and accurate.