



**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:  Yes  No  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Can pick up:  Yes  No  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Can pick up:  Yes  No  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Can pick up:  Yes  No  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Alternate Caregivers**

Permission to contact alternate caregiver:

Preschool/Daycare/After School Care: \_\_\_\_\_

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](mailto: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.