



Middle School Registration Form

CAMPBELL RIVER
School District 72

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: _____

Student's Primary Street Address: _____

City: _____ Postal Code: _____

Mailing Address (if different than above): _____

City: _____ Postal Code: _____

Siblings registered at same school: _____

French Immersion (if applicable): _____

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. 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.