

Middle School Registration Form

School:		For Office Use:	Date Registration Received:
S ch o o 1 D is trict 72 Pupil Number: Medical Alert Legal Alert Year of Graduation: Proof of Residency: Proof of Residency: Legal Alert Year of Graduation: Proof of Residency: Proof of Residency: Legal Alert Year of Graduation: Proof of Residency: Proof of Residency: Middle Name Usual Name: Last Name Middle Name Middle Name Usual Name (If different than above): Date of Birth: Gender identity: Date of Birth: Grade: Birth Certificate Attached: School: School: Student's Primary Street Address: City: Postal Code: Student's Primary Street Address: City: Postal Code: Student's Primary Street Address: City: Postal Code: Student's Indigenous Ancesity:	CAMPBELL RIVER		
Year of Graduation:			
Student Information – Please Print Legal Name: Lost Name First Name Madde Name Usual Name (if different than above): Date of Birth:Grade: Date of Birth:Grade: Date of Birth:Grade: Wome Phone:	School District /2	Year of Graduation:	Proof of Residency:
Legal Name: Itest Name Prist Name Middle Name Usual Name (if different than above):		Cross Catchment Transfer	
Usual Name (if different than above): Legal Gender: Legal Gender: Gender Identity: Date of Birth: Grade: School: School: Student's Primary Street Address: City: Postal Code: City: Postal Code: City: Postal Code: City: Postal Code: City: Postal Code: City: Postal Code: City: Postal Code: Pos	Legal Name:		
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Grade:	Usual Name (if different than above):		
Grade:School:	Legal Gender:	Gender Identity:	Date of Birth:
Home Phone:	_		Calcal
Student's Primary Street Address: Postal Code: City: Postal Code: Walling Address (if different than above): Postal Code: City: Postal Code: Siblings registered at same school: Postal Code: French Immersion (if applicable): Postal Code: Canadian Indigenous Ancestry: Band of Origin: Band of Residence: Country of Etitizenship: Citizenship Code: Country of Etitizenship: Country of Burth: Country of Citizenship: Citizenship Code: Country of Burth: Country of Etitzenship: Citizenship Code: Parent(s)/Guardian(s) who reside at the student's address provided above: Relationship: Parent(s)/Guardian(s) who reside at the student's address provided above: Name: Lost Name First Name Work Extension: Cell Phone: Work Phone: Work Extension: Cell Phone: Email: Cell Phone: Email: Cell Phone: Cost Name First Name Work Extension: Cell Phone: Cell Phone: Cost Name First Name Cell Phone: Cost Name Cost Name Cell Phone: Cost Name Cost Name Cost Name Cost Name Cost Name Cost Name			
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City:Postal Code:			
Address (if different than above):	City		Postal Codo:
City: Postal Code: Siblings registered at same school:			
Siblings registered at same school: French Immersion (if applicable): Canadian Indigenous Ancestry: Canadian Indigenous Ancestry: Country of Citizenship: Country of Birth: Country of Citizenship: Country of Citizenship: Country of Birth: Country of Citizenship: Country of Citizenship: Country of Birth: Country of Citizenship: Country of Citizenship: Country of Birth: Country of Citizenship: Country of Birth: Country of Citizenship: Country of Citizenship: Country of Birth: Country of Citizenship: Country of Citizenship: Country of Citizenship: Country of Citizenship: Country of Effect? Custody arrangement? Parent(s)/Guardian(s) who reside at the student's address provided above: Name: Cell Phone: Cell Pho	Citru		Postal Codo:
French Immersion (if applicable):	-		
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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 Work Phone:Work Extension: Cell Phone: Relationship: Last Name First Name Work Extension: Cell Phone:Relationship: Last Name First Name Work Extension: Parent(s)/Guardian(s) who reside at another address: Name: Relationship: Last Name First Name Relationship: Cell Phone: Relationship: Cutry: Relationship: Cutry: Postal Code: Home Phone: Mork Extension: Cell Phone: Relationship: Cutry: Relationship:			Pand of Posidanca
Court Order in Effect? Custodial Agreement Attached: Yes No Who has legal custody? Custody arrangement?	· · ·		
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Last Name First Name Work Phone:		Email:	
Last Name First Name Work Phone:	Namo		Polationchia
Work Phone:			
Cell Phone: Email: Parent(s)/Guardian(s) who reside at another address: Name: Relationship: Last Name First Name Address: City: City: Postal Code: Home Phone: Work Extension: Cell Phone: Email: Name: Last Name First Name Name: Relationship: Relationship: Last Name First Name Work Phone: Work Extension:		First	
Annotation (s) who reside at another address: Name: Relationship: Last Name First Name Address:			WORK EXTENSION:
Name: Relationship: Last Name First Name Address:	Cell Phone:	Email:	
Name: Relationship: Last Name First Name Address:			
Name: Relationship: Last Name First Name Address:			
Last Name First Name Address:	Parent(s)/Guardian(s) who reside at and	other address:	
Address: City: Postal Code: Home Phone: Work Phone: Cell Phone: Email: Name: Last Name Work Phone: Work Phone: Work Phone: Work Phone: Work Extension:	Name:		Relationship:
City: Postal Code: Home Phone: Work Phone: Work Extension: Cell Phone: Email: Name: Relationship: Last Name First Name Work Phone: Work Extension:	Last Name	First	t Name
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Last Name First Name Work Phone: Work Extension:	Cell Phone:	Email:	
Last Name First Name Work Phone: Work Extension:			
Work Phone: Work Extension:	Name:		Relationship:
	Last Name	First Name	
Cell Phone: Email:	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 preference Name: Relationship:			Yes No			
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:					
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Alternate Caregivers Preschool/Daycare/After School Care:	Permission to co Phone:	ontact alternate ca	iregiver:			
Preschool/Daycare/Alter School Care:	Phone:					
Health Information:						
Personal Health Number:						
Heart Problems Diabetes Epileps	sy Physical Disabilities Hea	ring	Vision			
Allergies Allergies to:	Other:	-				
Anaphylaxis and/or history of severe allergic response						
Blood clotting disorders such as hemophilia that requires i	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 an IEP Designation:	y of the following special services?					
	peech Therapy Physiotherapy Gifte	d				
Other:	eccentricity riysiotherapy onte	u				
Language(s) spoken at home:						
Previous School Public Sc	hool 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:						
	raphics 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.