Robron Centre Registration Form

CAMPBELL RIVER
School District 72

For Office Use: Registration Date: _____
School: _____
Student No: _____ Medical Alert ☐ Legal Alert ☐

Student Information - please print

Name: _____ Grade: _____
Last Name *First Name* *Middle*

Legal Name (if different than above): _____

Gender: _____ Age: _____ Date of Birth: _____ Birth Certificate Attached: ☐
M D Y

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

Custody arrangement: _____

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*

Citizenship Status: ☐ Permanent BC Resident ☐ Out-of-Province Resident ☐ Refugee/Claimant ☐ International

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: _____

Citizenship Status: ☐ Permanent BC Resident ☐ Out-of-Province Resident ☐ Refugee/Claimant ☐ International

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? IEP ☐ Category: _____

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

Other: _____

Language(s) spoken at home: _____

Are you of Indigenous 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

Public School ☐ Private School ☐

Name & location of previous school: _____

For Office Use:

_____ Nexus A.M. _____ Vortex

_____ Nexus P.M. _____ Gathering Place

_____ Equinox _____ Compass

_____ Apex