



CAMPBELL RIVER
School District 72

Secondary School Registration Form

For Office Use:	Registration Date: _____
School: _____	
Pupil Number: _____	Medical Alert <input type="checkbox"/> Legal Alert <input type="checkbox"/>
Year of Graduation: _____	Proof of Residency: _____
Cross Catchment Transfer: <input type="checkbox"/>	

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 Street Address: _____

City: _____ Postal Code: _____

Mailing Address (if different than above): _____

City: _____ Postal Code: _____

Siblings registered at same school: _____

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 custody?** _____

Custody arrangement? _____

Parent(s)/Guardian(s) who reside at the student's address provided above. In order of whom to contact if child is sick:

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

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

Cell Phone: _____ Email: _____

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

Home Phone: _____ 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*

Address: _____

City: _____ Postal Code: _____ Home Phone: _____

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:

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: _____

Special Assistance 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 SchoolPublic 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: YesDemographics 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 give on this form is true, complete and accurate.