



Secondary School 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: _____

French Immersion (if applicable): Yes No

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:

Last Name First Name Relationship: _____

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

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Last Name First Name Relationship: _____

Employer: _____ Work Phone Number: _____

Cell Number: _____ Email: _____

Parent(s)/Guardian(s) who reside at another address:

Last Name First Name Relationship: _____

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: _____

Last Name First Name Relationship: _____

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?

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:

Bus Student: Yes No Bus #: _____
Assigned to: Div. #: _____ Rm. #: _____ Teacher: _____