



**Student Registration Form**  
**Quesnel School District 28**  
401 North Star Rd. Quesnel, BC V2J 5K2  
Phone: 250-992-8802

School:	Grade:	
<input type="checkbox"/> English <input type="checkbox"/> French Immersion	Personal Education Number:	
<input type="checkbox"/> Kindergarten <input type="checkbox"/> Grades 1 to 7 <input type="checkbox"/> Quesnel Junior School <input type="checkbox"/> Correlieu Secondary School <input type="checkbox"/> QDL <input type="checkbox"/> HS		
<b>STUDENT INFORMATION</b>		
Legal Last Name:	DOB (mm/dd/yyyy)	
Legal First Name:	Student Email:	
Legal Middle Name:	Street Address:	
Usual Last Name:	Apt. (if applicable)	
Usual First Name:	City, Prov. & Postal Code:	
Gender:	Mailing Address, if different from above:	
Home Phone:		
Proof of Age/Legal Name: <input type="checkbox"/> Long Form Birth Certificate – showing names of parents		
Proof of Address in Quesnel – 2 Pieces required - <b>as specified on page 4</b>		
Proof of Address #1: _____	Proof of Address #2: _____	
Previous School & District: _____	City, Province: _____	
Previous StrongStart: _____	City, Province: _____	
<b>INDIGENOUS ANCESTRY      COMPLETE ONLY IF YOU HAVE INDIGENOUS ANCESTRY</b>		
<input type="checkbox"/> Status-on Reserve <input type="checkbox"/> Status-off Reserve    Band: _____ <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit		
<b>CITIZENSHIP STATUS</b>		
Country of Birth:	Country of Citizenship:	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International Student <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Status		
Study Permit expiry date: _____ (mm/dd/yyyy)	Language spoken at home: _____	
<b>SIBLING INFORMATION</b>		
School-aged Siblings: Legal last name and first name	Grade	Name of School in Quesnel

## PARENT/LEGAL GUARDIAN INFORMATION

Who does the student live with:

Both Parents       Mother Only       Father Only       Other – Provide info

**GUARDIANSHIP:** Please provide copy of the Agreement/Court Order

Sole       Joint/Shared

Child in Care    Please provide copy of the MCFD Guardianship Letter and complete Section C below.

### A. Mother/Legal Guardian Information

Legal Last Name:		Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal First Name:		Property Address:	
Relationship:		City, Province:	
Email Address:		Postal Code:	
Home Phone		Cell Phone:	

### B. Father/Legal Guardian Information

Legal Last Name:		Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal First Name:		Property Address:	
Relationship:		City, Province:	
Email Address:		Postal Code:	
Home Phone:		Cell Phone:	

### C. Legal Guardian Information – *if applicable*

Please specify relationship to student:

Legal Last Name:		Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal First Name:		Property Address:	
Relationship:		City, Province:	
Email Address:		Postal Code:	
Home/Cell Phone:		Business Phone:	

### EMERGENCY CONTACTS – Other than parent/legal guardian

**Note:** The parent/legal guardian living with the student will always be called first, before the emergency contact is called.

Emergency Contacts Legal First & Last Name	Permission to pick up student	Home Phone	Cell Phone	Work Phone	Street Address
1	<input type="checkbox"/> Yes or <input type="checkbox"/> No				
2	<input type="checkbox"/> Yes or <input type="checkbox"/> No				
3	<input type="checkbox"/> Yes or <input type="checkbox"/> No				

## MEDICAL INFORMATION

### Personal Health Care Number (PHN):

Allergies:	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Health Factors:	Life Threatening?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is student currently on medications?  Yes  No If yes, please describe below:

Refer to School District 28 Policy & Procedures 330 (Attachments A, B, and C) by scanning the QR Code:

- Attachment A: Guidelines for the Administration of Medication at School District 28.
- Attachment B: Urgent Medical Alert Card
- Attachment C: Request for Administration of Medication at School



## INCLUSIVE EDUCATION - LEARNING SUPPORT

Please mark the appropriate box if your child has received any of the following:

<input type="checkbox"/> Learning Assistance	<input type="checkbox"/> Vision Accommodations	<input type="checkbox"/> Hearing Accommodation
<input type="checkbox"/> Educational Assessment	<input type="checkbox"/> Learning Adaptations/Modifications	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Diagnosis: _____	<input type="checkbox"/> Inclusive Educational Plan	<input type="checkbox"/> Physical Accommodation

**Consent for Release of Information:** I am the parent/legal guardian of the student and I consent to the release of all learning Support information/documentation to School District 28.

Parent/Legal Guardian (signature): \_\_\_\_\_

## BUS INFORMATION

**Is school bus transportation required:**  Yes  No If yes, please complete a School Bus Registration form. The form can be submitted to your school secretary or completed online and emailed to [transportation@sd28.bc.ca](mailto:transportation@sd28.bc.ca).

## PARENT/LEGAL GUARDIAN

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

**PRINTED NAME** of Parent/Legal Guardian

**SIGNATURE** of Parent/Legal Guardian

**DATE:** \_\_\_\_\_  
(mm/dd/yyyy)

## SCHOOL OFFICE USE ONLY

**Date received by the school:** \_\_\_\_\_ **Received by:** \_\_\_\_\_  
(mm/dd/yyyy) (please print name)

## School Secretary Registration Checklist

STUDENT NAME: \_\_\_\_\_

### PROOF OF LEGAL NAME AND AGE - COPY and FILE

**LONG FORM** BIRTH CERTIFICATE that shows names of parents

### PROOF OF HEALTH INSURANCE

BC CARE CARD (Copy both sides)

### GUARDIANSHIP

If student is living with both parents, no documentation is required for guardianship.

If student is not living with both birth parents we require the following:

LEGAL GUARDIAN, CUSTODY, OR COURT ORDER document, if applicable

If not the parent, the legal guardianship must be by will in accordance with the Infants Act or court order in accordance with the Family Law Act in British Columbia. Children in care will need accompanying Ministry of Child and Family Development documentation.

### PARENT/GUARDIAN IDENTIFICATION VERIFICATION

IDENTIFICATION of parent/guardian     Visually checked by \_\_\_\_\_ (initials)

**RESIDENCY – Two documents are required** (one from each column)     Visually checked by \_\_\_\_\_ (initials)

#### **ONE of** (showing name and address):

- Formal Tenancy agreement
- Property purchase agreement
- Property tax statement

#### **AND One of** (showing name and address)

- Utility bill
- BC Driver's License or Enhanced BC Driver's License
- BC ID
- BC Vehicle Registration
- Canadian bank account statement
- Canadian credit card statement
- Pay statement showing address

If a parent/guardian does not have a formal tenancy agreement (*living with family or friends*) we require a letter from the family member/friend verifying this living arrangement. The letter must include the name of the parent/guardian and the school-aged children living in their residence. Proof of residence of the family member/friend must be provided as shown above. In some circumstances, the District may require a notarized letter from the tenant/homeowner verifying this living arrangement, including the names of all the family members/friends who are living in their residence.

These documents are required for registration. If parents have misplaced them or do not have them available at this time, please speak with the school principal, who will assist in creating a plan and timeline to obtain the required documents and complete the registration process.

**International Student Registration:** Please contact the Director of Instruction at the District Administration office.