



# VANCOUVER ISLAND WEST SCHOOL DISTRICT 84 School Registration Form

## RAY WATKINS ELEMENTARY SCHOOL

Box 70, 500 Trumpeter Drive, Gold River, BC V0P 1G0  
Tel: 250 283 2220 Fax: 250 283 2400

### Personal Information

There are times when PACs or others involved in school related activities, wish to have contact with parents to consult with them directly about school issues. Therefore, we request your consent to release your current name, home address and phone number.

Yes, I give my consent for release of my home address and phone numbers for purposes consistent with the above.

No, I do not permit the release of my home address and phone number for purposes consistent with the above.

Note: Personal information will not be disclosed to anyone for business or commercial purposes.

### Release of Student Photographs/Media

Occasionally, district staff and the media photograph students or student groups to commemorate events taking place in our District.

Consent for the release of your child's name, photo and comments is required. Students' names, photos and comments may be published, as authorized by the school in places such as yearbooks, newsletters, and/or the news media.

Yes, I give consent for the publication of my child's name, photo and comments for purposes consistent with the above.

No, I do not permit the publication of my child's name, photo and comments for purposes consistent with the above.

### Student Lockers

Prior to assigning a locker to your child, you acknowledge the terms and conditions under which the school provides a student with the use of the locker in accordance with District Policy E. 11 (see attached).

Yes, I have read and acknowledge the terms and conditions of Student Lockers for purposes consistent with the above.

Not applicable.

Signature: \_\_\_\_\_  
*Parent/Guardian*

Name: \_\_\_\_\_  
*Please Print*

Date Signed: \_\_\_\_\_

### Student Information - please print

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Middle

Student's Usual Name: \_\_\_\_\_  
Last Name First Name Middle

Name called at school: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street/House Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ mm/dd/yr Gender: \_\_\_\_\_ ( M /F)

Birth Certificate Registration No.: \_\_\_\_\_

Care Card No.: \_\_\_\_\_

### Parent or Guardian with whom student resides:

Name: \_\_\_\_\_ (WK) Phone No.: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Name: \_\_\_\_\_ (WK) Phone No.: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Home Contact Name: \_\_\_\_\_

Can this contact person pickup the student: Yes  No

Name and number of a relative or friend to be contacted in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent or Guardian with whom the Student **DOES NOT** reside:

\_\_\_\_\_ Last Name First Name Relationship

Court Order in Effect: Yes  No

Who has legal access to the child: \_\_\_\_\_

Siblings or same family registered at this school: \_\_\_\_\_

### Immigration/Miscellaneous:

Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Immigration Status: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Aboriginal Ancestry Information:

Inuit  Metis  Non -Status  Status - Off Reserve  Status - On Reserve

Band #: \_\_\_\_\_ Band Affiliation: \_\_\_\_\_

Request this child to participate in Aboriginal Education Program: Yes  No

**HEALTH INFORMATION:**

Family Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Anaphylaxis and/or history of severe allergic response? Yes  No

Severe Asthma - immediate medical treatment required? Yes  No

If Yes, Provide information \_\_\_\_\_

This child is currently on regular medication for: \_\_\_\_\_

Authorization for Medication Form Needed? Yes  No

Can this child take part in regular physical activities? Yes  No

Disabilities: \_\_\_\_\_

Medical Conditions and Special Medical Instructions (Physical and Mental Health) **Note:** These matters can be discussed in privacy with the Principal rather than noted below. Please indicate if you would like to meet with the Principal : Yes  No  *(please use additional page if necessary)*

\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL ASSISTANCE:** Has this child received any of the following special services?

Learning Assistance  ESD/ESL  Language Spoken at Home \_\_\_\_\_  
Speech Therapy  Physiotherapy   
Other (explain)  \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Parent/Guardian**

**Name (Please Print):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Office Use Only:**

Lunch: At School  At Home  Bus Student:

Name of Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

Transfer Papers Yes  No  Registration Date: \_\_\_\_\_

Records Requested Yes  No  Grade Assigned: \_\_\_\_\_

Special Ed. Program Yes  No  HR/Division/Teacher: \_\_\_\_\_

ESD Program Yes  No  Locker #: \_\_\_\_\_ Paid

Ministry PEN: \_\_\_\_\_ School Student#: \_\_\_\_\_