

Ellendale Elementary DOCUMENTS REQUIRED FOR REGISTRATION (original documents must be shown)

PARENT DOCUMENTATION:

Proof of Citizenship (ONE of the following):

Canadian birth certificate _____ Enhanced Driver's Licence _____
 Enhanced BC ID _____ Landed Immigrant document _____
 Canadian Citizenship card _____ Permanent Resident card _____
 Canadian Passport _____

Proof of Residency (ONE of the following):

BC Drivers Licence _____ BC ID card _____
 BC Services Card _____ BC Care Card _____
 Two of: vehicle Registration _____ employment _____ Income Tax record _____

Proof of Living Address (ONE of the following):

Purchase/Rental agreement _____ BC Drivers License _____ Utility bill _____

Proof of Guardianship: (ONE of the following):

Parent name(s) shown on child's birth certificate _____
 Landed Immigration papers _____
 Guardianship order _____
 Dental/Extended Health Benefit card _____
 Revenue Canada Document _____

STUDENT DOCUMENTATION:

Proof of Citizenship (ONE of the following):

Canadian birth certificate _____ Canadian Passport _____
 Enhanced BC ID _____ Landed Immigrant document _____
 Canadian Citizenship card _____ Permanent Resident card _____

Proof of Birth Date (ONE of the following):

Birth certificate _____ Passport _____

BC Care Card # _____

KINDERGARTEN only: Health Immunization record _____

Gr1-7 only: most recent Report Card from previous school _____

If **Aboriginal Ancestry** indicated below (info pkg for parents) _____

PEN #: _____ **MyEd #:** _____

STUDENT INFORMATION:

Legal Surname: _____ Grade: _____

First Name: _____ Male _____ Female _____

Middle Name(s): _____ Date of Birth: _____

Called name(if **different** than first name): _____ **Province of Birth:** _____

Address: _____ **Country of Birth:** _____

Postal Code: _____ Date entered Canada: _____

Home Phone: _____ Do you use your cell phone as your home phone? Yes ___ No ___

Parent(s) /Guardian(s): _____ & _____
 First name(s) Last name(s) First name(s) Last name(s)

Child lives with: (PLEASE CIRCLE) (mother/father, mother, father, mother/stepfather, father/stepmother, other: _____)

Custody Alert? (Legal documents required): Joint ___ Mother ___ Father ___ MCFD ___ Other _____

ABORIGINAL ANCESTRY (Status on reserve, Status off reserve, Non-Status, Metis, Inuit, First Nations): Y ___ N ___

Band of Residence _____ DIA# _____

LANGUAGES: What language do **you** use to **speak to your child**? _____
 What **other** languages does your child speak? _____

PREVIOUS SCHOOL: _____ City: _____ Prov: _____

If possible please provide school with your child's report card from his/her previous school.

Has your child **ever** attended a **STRONG START PROGRAM** anywhere in BC? Yes ___ No ___

Please indicate any special learning circumstances or disabilities which may affect your child's education:
 (ie English Language Learner, Learning Disability, difficulty concentrating, etc) _____

Indicate any extra support that your child is receiving (ie ELL support, LST support, EA, CCW):

If your child has a medical condition you also need to complete a medical form. Please ask Secretary for form.

MEDICAL:

FAMILY DOCTOR: Name: _____ Phone #: _____

Does your child have a medical condition? NO ____ YES ____ (If yes, please complete section below):

NAME of Medical Condition (ie Asthma, Diabetes, etc.): _____

Name of medication(s) child takes for this condition (ie EPI-PEN, Ventolin): _____

ALLERGIES (please list all allergies): _____

PLEASE NOTE: Parent needs to provide medication to the school. All medications must be kept in the school office. For the safety of ALL students medications are not allowed to be kept in your child's backpack, lunch kit, desk, etc.

SIBLING(S) Please list siblings who currently attend schools *other than Ellendale Elem*:

Name: _____ Birthdate: _____ Gr ____ School attending: _____

Name: _____ Birthdate: _____ Gr ____ School attending: _____

MOTHER/GUARDIAN

Name: _____

Address *(if different than student's address please list below):* _____

Home phone #: _____

Cell phone #: _____

Place of Employment: _____

Work phone #: _____

Email address: _____

FATHER/GUARDIAN

Name: _____

Address *(if different than student's address please list below):* _____

Home phone #: _____

Cell phone #: _____

Place of Employment: _____

Work phone #: _____

Email address: _____

EMERGENCY CONTACT:

Relationship to child:

Aunt __ Uncle __ Grandmother __ Grandfather __

Family friend __ Sister __ Brother __ Cousin __

Other (please list): _____

Name: _____

Home phone #: _____

Cell phone #: _____

Place of Employment: _____

Work phone #: _____

EMERGENCY CONTACT:

Relationship to child:

Aunt __ Uncle __ Grandmother __ Grandfather __

Family friend __ Sister __ Brother __ Cousin __

Other (please list): _____

Name: _____

Home phone #: _____

Cell phone #: _____

Place of Employment: _____

Work phone #: _____

DAYCARE:

Daycare Name: _____

Phone #: _____

Day(s) student attends (circle): M Tu W Th F

Caregiver Name: _____

Alternate Phone #: _____

HAVE YOU REGISTERED AT ANOTHER SCHOOL? Yes ____ No ____

If yes, which school(s)? _____



Parent/Guardian SIGNATURE

DATE