



WELCOME TO MERRITT!

Please see the attached 2 page registration form for Merritt Secondary School.

In addition to these 2 pages being filled, the BC Ministry of Education requires that we have the following in order to register your student:

- Copy of Student's Birth Certificate
- Copy of Student's Care Card (or BCID)
- A Proof of Residency. This could be a copy of your Driver's License, a bill, a rental agreement, etc. all showing your current address.

Thank you and we look forward to having you here at our school.

If you have any questions or concerns, please contact us at 250-378-5131 or email us at [mssschool@365.sd58.bc.ca](mailto:mssschool@365.sd58.bc.ca) and we will be happy to assist you.



# Student Registration Form

*Success for ALL Learners ~ Today and Tomorrow*

**IMPORTANT INFORMATION:** All information provided 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 administration 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 kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act* and the *School Act*. If you have any questions about the information recorded on this form, please contact your school Administrator.

**SCHOOL:**

STUDENT INFORMATION	PROPERTY PHYSICAL ADDRESS
Legal Last Name:	Street # & Name:
Legal First Name:	Apt #: <span style="float: right;">Lot #:</span>
Usual Last Name:	Municipality:
Preferred First Name:	Province: <span style="float: right;">Postal Code:</span>
Middle Name:	
Gender Identity (Please circle one) : Male / Female	<b>MAILING ADDRESS</b>
Birthdate: <span style="float: right;">Age:</span>	Box #:
Proof of Age (eg; Birth Certificate)	Municipality:
Home Phone:	Province: <span style="float: right;">Postal Code:</span>

**PREVIOUS SCHOOL INFORMATION**

Name:	Grade:
Address:	Phone:
Municipality:	Teachers Name:
Province:	Postal Code:

**IMMIGRATION STATUS**

Country of Birth:	Date of Entry to Canada:
Citizenship:	Visa Expiry Date:
First Language:	Language Spoken at Home:

**PARENT/GUARDIAN**

1) Relationship to Student:	2) Relationship to Student:
Last Name:	Last Name:
First Name:	First Name:
Home Phone Number:	Home Phone Number:
Are you living with Student: Y / N (Please circle) <small>If no above, please indicate your address:</small>	Are you living with Student: Y / N (Please circle) <small>If no above, please indicate your address:</small>
Are you an Emergency Contact: Y / N (Please circle)	Are you an Emergency Contact: Y / N (Please circle)
Place of Employment:	Place of Employment:
Work Phone: <span style="float: right;">Cell Phone:</span>	Work Phone: <span style="float: right;">Cell Phone:</span>
Can we call you at work: Y / N (Please circle)	Can we call you at work: Y / N (Please circle)
Email Address:	Email Address:

**LEGAL CUSTODY** (Please indicate if there are any legal custody issues for this student) Y / N

Custody: (eg; Sole, Joint)	Custody: (eg; Sole, Joint)
Court Access to Child: Y / N (Please circle)	Court Access to Child: Y / N (Please circle)

**PLEASE NOTE:** In the case of custody issues please ensure that your school Principal is made aware of custody and access information relevant to your child and that legal documentation is provided (if applicable). These issues may be discussed with the Principal at any time, and will be kept confidential within the school.



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## ADDITIONAL EMERGENCY CONTACTS

1) Last Name:	2) Last Name:
First Name:	First Name:
Relationship:	Relationship:
Address:	Address:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:

## MEDICAL INFORMATION

Doctors Name:	Phone:	Care Card #:
a) Allergies to:	Life Threatening?	Y / N
b) Health Conditions:	Life Threatening?	Y / N
c) Medication Required:	Taken while at school?	Y / N

**If you answered a,b,c above you are required to fill out *Medical Alert Planning Form*, and if applicable, *Request for Medication Administration in School Form*.**

## SIBLINGS

1) Last Name:	2) Last Name:
First Name:	First Name:
School: Gender Identity: M / F	School: Gender Identity: M / F
Age: Grade:	Age: Grade:
3) Last Name:	4) Last Name:
First Name:	First Name:
School: Gender Identity: M / F	School: Gender Identity: M / F
Age: Grade:	Age: Grade:

## TRANSPORTATION – Bus Transportation is required for this student Y / N (please circle)

Bus Route # or Location	Pickup Time (morning)	Arrival Time (afternoon)	Stop Description
1)			

## ANCESTRY INFORMATION (Please circle as applicable)

First Nations Ancestry: Y / N	Status: Y / N	Non Status: Y / N	Metis: Y / N	Inuit: Y / N
Band Name:			Band Number:	
Living on Reserve: Y / N	Band of Residence:		DIA#:	
Permission for release information to Band of Residence? Y / N				
Permission to provide Aboriginal support services to Indigenous student? Y / N				

## RELEASE OF INFORMATION & PARENTAL PERMISSIONS (please circle)

Permission to ride bike to school: Y / N	Permission for Internet Access at school: Y / N	Permission to transport this student to hospital/physician in an emergency: Y / N
Permission to go home for lunch: Y / N	Permission for student as Family Courier: Y / N	
Permission to walk home: Y / N	I prefer newsletters sent via email: Y / N	Email to: _____

Canada's anti-spam legislation is in force effective July 1, 2014. As a result, the Nicola-Similkameen Board of Education would like to ensure we have your consent to send you newsletters, announcements and other messages which may contain advertising or promotions including field trips, fundraising, yearbooks, student pictures, or similar events. If you wish to continue to receive these communications from your school, please sign here \_\_\_\_\_. You may withdraw your consent at any time by advising the school or district. If you have any questions, please contact the principal of the school your child attends.

I, (print name) \_\_\_\_\_, certify that the information on this form is correct.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date