

**LALME' IWESAWTEXW 2021 – 2022
SEABIRD ISLAND COMMUNITY SCHOOL
REGISTRATION FORM**

Office Use Only	Admission Date: _____	Grade _____
<input type="checkbox"/> New Student <input type="checkbox"/> Transferring Student <input type="checkbox"/> Returning Student		
ID submitted: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Status Card OR <input type="checkbox"/> Status Number <input type="checkbox"/> Care card OR <input type="checkbox"/> Care card number <input type="checkbox"/> Parent residence, documentation on file		

Student Information

Legal Last Name: _____	Legal First Name: _____
Legal Middle Name/s: _____	Birthdate _____ <input type="checkbox"/> Male <input type="checkbox"/> Female
Last School Attended: _____	SIN # _____
<input type="checkbox"/> Non-Status	Band of Registry _____
<input type="checkbox"/> Status	Band of Residence _____
	Status Number _____
Mailing Address: (Where all important letters, report cards etc. will be sent)	
Street Address/Box Number: _____	City/Town _____ Postal Code: _____
Email Address: _____	
Home Address:	Home Phone # _____ Cell # _____
Street Address/Box Number: _____	City/Town _____ Postal Code: _____
Is this home address located on reserve: <input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Residence: _____ (with current house address)	
Do you require bus transportation <input type="checkbox"/> YES <input type="checkbox"/> NO Address: _____	

Caregiver Information (Person(s) living with student and responsible for the day to day care)

<p>Parent Type :</p> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other	<p>Parent Type :</p> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Do you have legal guardianship of student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have legal guardianship of student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court orders of any kind in place? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach court documents)	Court orders of any kind in place? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach court documents)
Contact Numbers	Contact Numbers
Home: _____	Home: _____
Work: _____	Work: _____
Cell: _____	Cell: _____
Cell: Text Only _____	Cell: Text Only _____
<input type="checkbox"/> No Home Phone (if no phone, please provide us with a number where we can leave a phone message)	<input type="checkbox"/> No Home Phone (if no phone, please provide us with a number where we can leave a phone message)
message number: _____	message number: _____
E-mail Address: _____	E-mail Address: _____

Legal Guardian/Social Worker Contact Information **Not Applicable**

Last Name: _____ First Name: _____ Address: _____ City _____ Postal Code _____ Phone number: _____ Email: _____	Last Name: _____ First Name: _____ Address: _____ City _____ Postal Code _____ Phone number: _____ Email: _____
--------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------

Preferred method of contact: Phone Text Email

STUDENT MEDICAL INFORMATION

Student Name: _____		
Care Card No: _____		
Family Doctor: _____		
Phone: _____		
Life Threatening Health Condition Exists (If yes, please describe)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other known health conditions (If yes, please describe)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Letter of authority to administer any medications on file	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Known allergies (If yes, please describe)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

In the event that your child needs to be picked up from school due to illness, accident, behaviour etc. and parents/guardians are not available, please provide us names and phone numbers of those who have transportation and can pick up your child if requested. It is necessary to keep us informed of any contact changes through the year.

Last Name: _____ First Name: _____ Home number: _____ Cell number: _____ Relationship to student: _____ Email: _____	Last Name: _____ First Name: _____ Home number: _____ Cell number: _____ Relationship to student: _____ Email: _____
Last Name: _____ First Name: _____ Home number: _____ Cell number: _____ Relationship to student: _____ Email: _____	Last Name: _____ First Name: _____ Home number: _____ Cell number: _____ Relationship to student: _____ Email: _____

In the event of a natural disaster, such as an earthquake where you are unable to get access to the school, please indicate those individuals you are authorizing as pick-up designates at evacuation sites: (Only those identified will be allowed to pick up your child(ren). All designates will be required to show identification before child(ren) are released.

Same contact names as above. Add additional names below.

Full Name	Relationship	Phone Number	Cell or Email

Signature

Date

Personal Information Protection Act

Seabird is committing to safeguarding the personal information of parents and students and to meeting or exceeding the privacy standards established by the British Columbia Personal Information Protection Act.

Seabird collects, uses, and discloses personal information about our students for the following purposes:

To communicate with students and parents, to process applications and to meet legal and regulatory requirements regarding student records

To develop and deliver the school’s educational and extra-curricular programs including curriculum development and teacher training

To ensure the health and safety of our students, including the delivery or development of specialized services to meet particular mental or physical needs

To assess suitability scholarships, bursaries, and other financial awards

To provide references to support post-secondary or other applications by students

To document school activities, and to communicate information about school activities to students, parents, funders, potential students, our community and the general public

For additional purposes identified when or before information is collected

[as otherwise provided in Seabird’s Personal Information Privacy Policy, a copy of which is available upon request]

I consent to Seabird’s collection of personal information about my child, including student identification information, birth certificate, legal guardianship, court orders if applicable, parental contact information, doctor’s name and number, health insurance number, and any similar information for the purposes listed above.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on the behalf of Seabird to Seabird’s staff, funders, educational partners, agents, and contractors for the purposes outlined above.

Signature: _____ Date: _____

I have been advised that from time to time, Seabird may collect my child’s image in photographs, pictures, or videos for the purposes outlined above, and I hereby consent to Seabird’s use and disclosure of my child’s image for those purposes.

Permission for all field trips for the School year

I give permission for my child _____ to go on any field trip with the school for this school year.

Signature: _____ Date: _____

Note: There will be notices sent out prior to all field trips informing you of all the details.

- Yes I have received Policy 002: Student Code of Conduct
- Yes I have received Policy 053: Student Transportation
- Yes I have received the 2021-22 Student/Parent Handbook
- Yes I have signed the Student/Parent Enrollment Agreement
- Yes I would like to participate in PAC this Year



LALMÉ IWESAWTEXW
Seabird Island Community School

I hereby authorize the release of appropriate information and records
Concerning : _____

_____ to Seabird Island Community School

Signed: _____ (Parent/Guardian)

Date: _____

If you have any questions please give me a call at :

Phone #. _____

Cell # _____

Seabird Island Community School

Mailing: PO Box 530

Phone : 604-796-3061

Agassiz BC

Fax: 604-796-3068

V0M 1A2