School District 10 (Arrow Lakes)

Lucerne Elementary Secondary School Registration Form

Lucerne Elementary Secondary School Contact 250-265-3638 Ext. 3501			
Student Grade Level:			**Registration Date:**
Teacher:			**PEN #:**
STUDENT INFORMATION:			
Birth Certificate: Copied ___		Care Card: Copied ___	
Legal Family Name:	Legal First Name:		Legal Middle Name:
Usual Family Name (if different from above):	Usual First Name:		Usual Middle Name:
Gender: M F	Birthdate (MM/DD/YY):	Birthplace (City/Province/Country):	
Citizenship: Canadian / Other		Language:	ESL: yes / no
Previous School:		City/Province:	
First Nations Ancestry: yes / no		If yes please select one: status / non-status / Inuit / Metis	
Identified Special Needs: yes / no		Comments (optional):	
ADDRESS:			
Guardian# 1 (Student resides with)			
Last Name:	First Name:		Relationship to Student:
Street Address: Mailing Address (if different): **Proof of Address Provided:** **Document Type:** **Reference No:**			
Home Phone :	Cell Phone:		Email Address:
Employer:		Work Phone:	
Guardian# 2 (Student resides with / does not reside with)			
Last Name:	First Name:		Relationship to Student:
Street Address: Mailing Address (if different):			
Home Phone:	Cell Phone:		Email Address:
Employer:		Work Phone:	

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Guardian# 3 (Does not reside with student)		
Last Name:	First Name:	Relationship to Student:
Street Address: Mailing Address (if different):		
Home Phone :	Cell Phone:	Email Address:
Employer:	Work Phone:	
Arrangements: (custody/living/visiting)	Are there legal issues: yes / no Copy of court order: yes / no	
EMERGENCY CONTACTS (Required)		
Name:	Relationship:	Phone: Alt. Phone:
Name:	Relationship	Phone: Alt Phone
MEDICAL / DAYCARE		
Clinic:	Physician:	Phone:
Medical or Other Concerns:		
Medical Alert – Immediate Action:		
Daycare Name, Address & Phone #		
SIBLINGS ATTENDING SCHOOL WITHIN SD10 (ARROW LAKES)		
Name:	School:	Birthdate:
Name:	School:	Birthdate:
Name:	School:	Birthdate:

Parent/Guardian Signature: _____ Date: _____

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PARENTAL CONSENT

Student Name: _____ (please print) Parent/Guardian Name: _____ (please print)

In accordance with the Provincial Freedom of Information and Protection of Privacy Act, School District 10 (Arrow Lakes) requires consent to use personal information for purposes unrelated to educational programs.

On occasion, our school would like to have contact with parents to consult with them directly about school issues or meetings, or to plan school-related activities. The school will normally make your name, home address and home phone numbers as well as the child's name and grade available to Parent Advisory Councils (PAC), PAC members or others responsible for organizing these types of activities. Your personal information will not be disclosed directly to anyone for business or commercial purposes.

Address and Phone Number

_____ **YES** I give my consent for release of my home address and phone number for purposes as explained above.

_____ **NO** I do not permit the release of my home address and phone number.

Internet Access

Any student wanting access to the internet at school is required to have consent by parents:

_____**YES** I give my consent for my child to have access to the internet and I am aware of the Acceptable Use Policy.

_____ **NO** I do not give consent for my child to have access to the internet at school.

Release of Students Photographs

It is the practice in our school district to allow school district staff and the media to photography individuals (including the use of video and digital cameras) and groups of students to celebrate achievements and to provide various education, sports and cultural events taking place in the District. Students' name, photographs and comments may be published in school district publications such as newsletters, school/district websites, yearbook or in the mews media.

_____**YES** I give my consent for release of my child's name, photograph and comments as explained above.

_____**YES** I give my consent for release of my child's photograph without the use of my child's name.

_____ **NO** I do not permit the release of my child's name, photograph and comments.

Travel

Student travel is involved in our many school activities such as field trips, sporting events and fine arts performances. These activities, which are approved by the school, will be under supervision of the school staff or person(s) designated by the Principal. Students will be required to adhere to the rules and regulations as determined by the school. Transportation will be provided by either public or private vehicles.

_____**YES** I give my consent for my child or student under my care, to travel on authorized school activities.

_____ **NO** I do not give consent for my child or student under my care, to travel on authorized school activities.

_____ Parent/Guardian Signature _____ Date