

PSO Outback Storefront Student Registration Form

School District No. 27 Cariboo - Chilcotin

21-88 Cecil Place
PO Box 910
100 Mile House, BC V0K 2E0

Phone: (250) 395-4838
Fax: (250) 395-2649

STUDENT INFORMATION

Registration Date _____

School of Registration _____

Legal Last Name _____

Usual Last Name _____

Legal First Name _____

Usual First Name _____

Middle Name _____

Male / Female (Circle One)

Preferred Gender (If Applicable) _____

Birthdate (DD-MMM-YYYY) (__ __) (__ __ __) (__ __ __ __)

Proof of Age (Please attach copy of Birth Certificate)

Grade _____

Last School District _____

Last Strong Start or School _____

PHYSICAL ADDRESS

Street Name & Number _____

RR Number / PO Box _____

Town / City _____

Postal Code _____

Home Phone (____) _____

Unlisted Phone Number (if applicable) (____) _____

MAILING ADDRESS (If Different Than Physical)

Street Name & Number _____

RR Number / PO Box _____

Town / City _____

Postal Code _____

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CITIZENSHIP INFORMATION (Insert Where Applicable)

Province or Country of Birth _____

Country of Citizenship _____

Primary Language Spoken at Home _____

Language Most Used _____

First Language _____

OUT OF PROVINCE STUDENTS

Student is from out of province and NOT living with parents	Yes	No
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INTERNATIONAL STUDENTS

Is the student a Canadian citizen?	Yes	No
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Is the student a Refugee?	Yes	No
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ABORIGINAL ANCESTRY (If Applicable)

Choose all that Apply

First Nations Ancestry	Yes	No
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Status First Nations	Yes	No
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Non - Status First Nations	Yes	No
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Metis	Yes	No
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Inuit	Yes	No
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Living on Reserve	Yes	No
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If Yes – Band of Residence		
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Band of Origin		
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Status Card Number (Optional)		
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FRENCH IMMERSION (If Applicable)

Circle Yes or No		
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Early French Immersion (Circle Yes or No)	Yes	No
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SPECIAL EDUCATION		
Has your child ever had the following?		
English Language Learning (ELL or ESD)	Yes	No
Learning Assistance	Yes	No

PARENT/GUARDIAN INFORMATION

Parent/Guardian
Last Name _____
First Name _____
Relationship to Student _____
Living with Student – Yes / No (Circle One)
Address (if different) _____

Parent/Guardian
Last Name _____
First Name _____
Relationship to Student _____
Living With Student - Yes / No (Circle One)
Address (if different) _____

Place of Employment _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____

Place of Employment _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____

Can Pick-Up Student? – Yes / No (Circle One)

Can Pick-Up Student? – Yes / No (Circle One)

Do you have a specific custody arrangement that we should know about? – Yes / No (Circle One)

If **YES**, please provide a copy of the court order.

EMERGENCY CONTACT INFORMATION

Last Name _____
First Name _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

Last Name _____
First Name _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

SCHOOL AGED SIBLING

Last Name _____
Last Name _____
Last Name _____

First Name _____
First Name _____
First Name _____

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MEDICAL INFORMATION

Care Card No. _____

Diabetes Allergies Other _____

Life Threatening illness – Yes / No (Circle One)

If **YES**, please complete the SCHOOL DISTRICT #27 MEDICAL ALERT INFORMATION FORM

RELEASE OF INFORMATION

I PERMIT:

- The school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council and/or to activities connected to School Graduation Functions for the purpose of school related communications.

AND ACKNOWLEDGE:

- That my child will use his / her locker / desk only for accepted school related activities and that it may be inspected by the Principal or other person in authority with the Principal at any time without notice.
- That schools have the obligation and right to share demographic information with Provincial Health and Social Services agencies.

NOTE: If you take exception to any of the above, please discuss your objections with the Principal.

Parent / Guardian Approval: _____
(Signature)

Date: _____

Checked by: _____

Attachments:

Outside Media and Personal Consent

Computer Usage / Privacy Consent