

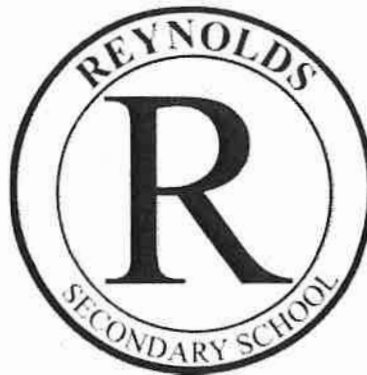
Reynolds Secondary Registration Checklist

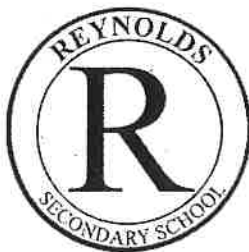
Student Name: _____

Grade 2019-2020 _____

Date: _____

- Registration Form completed
- Consent to Release Records from Previous School
- Proof of Age/Citizenship
- Proof of address (see reverse for required documentation)
- Course Form completed





Reynolds Secondary School

Consent to Release Student Records

Legal Name of Student _____

Date of Birth _____ (Month/Day/Year)

I (please print) _____ hereby give permission to the
Greater Victoria School District #61, to request the following information from:

(Name of last school attended)

(City/Province)

Regarding the above-named student and for the purpose of programming and placement the following records are requested:

- Administrative Records
- Educational Records
- Assessments and Evaluations
- Interpretive Reports including Psychological Reports
- Special Education Records
- Teacher Comments

Please send the Student Record to:

**Reynolds Secondary School
c/o Student Services Department
3963 Borden Street
Victoria, BC V8P 3H9
250-479-1696 (phone), 250-479-6677 (fax)**

My relationship to the student is: Mother/Father/Legal Guardian
(please circle one of the above)

Date

Signature of Parent/Legal Guardian

This permission expires one year from the date it was signed
*A copy of this Request to Release Student Record sheet
shall have the same authority as the original*



School Admission/Registration Form for School Year: 2020 - 2021

Office Use Only:

Pupil No. _____ Number: _____
 Date: _____
 Grade Level: _____ Homeroom/TA: _____

Legal Last Name: _____ Usual Last Name: _____
 Legal First Name: _____ Usual First Name: _____
 Legal Middle Name(s): _____ Usual Middle Name(s): _____

Birth Date: _____ - _____ - _____ Gender at birth: Male Female
dd mmm yyyy
 Gender Identity (if applicable): Male Female Non-binary

Proof of Age (please present documentation) original Birth Certificate Canadian Passport Landed Immigrant Authorization INAC Status Card

Home Phone: _____ Student Work #: _____ Student Cell #: _____
 Unlisted Phone: _____ Student Email: _____

Custody (select one): Both Parents Mother Father Other, specify: _____
 Court Order? No Yes If Yes, describe _____ *Note: a copy of an up-to-date court order must be on file with the school.*

Home Address: _____
Street Address City Province Postal Code

Proof of Residential Address:
 Please **provide documentation** of your residential address with this registration form. For up to date information about proof of address documentation requirements, please refer to the Registration Guide available in schools or at www.sd61.bc.ca

Birthplace: _____
City Province Country

Home Language: _____ Language Most Used: _____ First Language: _____

Aboriginal Ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please complete boxes to the right)	<input type="checkbox"/> Status → <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit	If Status , indicate if Off Reserve or On Reserve: <input type="checkbox"/> Off reserve <input type="checkbox"/> On reserve - Band of Residence: <input type="checkbox"/> Songhees <input type="checkbox"/> Esquimalt <input type="checkbox"/> Other (please specify): _____ Nation/Band of Origin: _____
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Previous School: _____ Name of Sibling(s) at this School: _____
 Previous Grade: _____ Ever attended a school in BC? Yes No

Parent/Guardian Information

Last Name: _____ First Name: _____
 Parent Type: Mother Father Other, specify: _____
 Home Address: _____ Same as student
(specify address below if this parent's address is different than the student's address)

Street City Prov Postal Code
 Home Phone: _____
 Place of employment: _____
 Work #: _____ Ext. _____
 Cell #: _____
 Email address: _____

Parent/Guardian Information

Last Name: _____ First Name: _____
 Parent Type: Mother Father Other, specify: _____
 Home Address: _____ Same as student
(specify address below if this parent's address is different than the student's address)

Street City Prov Postal Code
 Home Phone: _____
 Place of employment: _____
 Work #: _____ Ext. _____
 Cell #: _____
 Email address: _____

Emergency Contact other than parents (custodial parents will always be contacted first)

First Name: _____

Last Name: _____

Relationship to student: _____

Home #: _____ Cell #: _____

Work #: _____ Ext _____

Email address: _____

Can this contact pick up the student? Yes No

Emergency Contact other than parents (custodial parents will always be contacted first)

First Name: _____

Last Name: _____

Relationship to student: _____

Home #: _____ Cell #: _____

Work #: _____ Ext _____

Email address: _____

Can this contact pick up the student? Yes No

Before/After School Care: _____ Phone: _____ Cell: _____

Medical Information

CareCard No: _____ - _____ - _____ Family Doctor: _____ Phone: _____
Doctor's contact information required if student has a life-threatening condition.

Life Threatening Health Condition: Yes No

If the student has a life-threatening health condition, **please arrange to meet with the school principal prior to the student attending school.**
 The life-threatening health conditions that apply to this student are:

- Anaphylactic - Allergen(s): _____
- Asthma that has resulted in hospitalization in the past year _____
- Blood Clotting Disorder (e.g. haemophilia) _____
- Diabetes _____
- Epilepsy with a history of Tonic-Clonic (Grand Mal) seizures in the past two years _____
- Serious Heart Condition (e.g. heart murmur, heart repair) _____
- Other Health Conditions which may require emergency care - please specify: _____

Non-life-threatening health conditions:

If the student has a non-life-threatening health condition which may affect his/her ability to function at school, please indicate here:

Medication Administration:

- I request that the student receive assistance with, or be supervised during, medication administration in an emergency.
Please contact school staff to discuss.
- The student requires medications to be administered during school hours for one month or longer.
Please contact school staff to discuss.

Name of Medication(s): _____

Parental Authority for Regular School Journeys

- I give my permission for this student to participate in school field trips for the school year. I understand that I will be notified of all field trips to be taken.
- I prefer to give separate written permission for each field trip that this student will attend.

 Signature of Parent/Guardian

 Date

The school has a Parent Advisory Council (PAC) that represents the parents and engages in activities in support of the school. The school PAC is a member of the Victoria Confederation of Parent Advisory Councils (VCPAC). The school will make the parent/guardian name, phone number and mailing address as well as the student's name and grade available to the PAC and to VCPAC for contact purposes.

I give permission for the release of my name, home phone number, mailing address, and the student's name and grade to the school PAC and to VCPAC . (Check each box to indicate that permission is given for each and then provide a signature below.)

 Signature of Parent/Guardian

 Date

I certify that the information I have provided on this form is correct:

 Signature of Parent/Guardian

 Date

The information on this form is collected under the authority of the School Act. The information provided will be used for educational program and administrative 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 will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your school principal.

What Documents Are Required To Register For School?

To register a student in any school, a parent or legal guardian must provide school-age eligibility, proof of citizenship and proof of home address.

School Age Eligibility and Citizenship

A child must reach five years of age by December 31st of the school year to be eligible for enrolment. Documentation can include:

- Child's original Birth Certificate
- Canadian Passport
- Landed Immigrant authorization
- Indigenous and Northern Affairs Status Card

Parents who are not Canadian Citizens, Landed Immigrants, or do not have a birth certificate for their child must contact the International Student Program by calling 250.592.6871, prior to registration.

Proof of Residential Address

Every home address in the Greater Victoria School District is connected to a catchment school. Students must register at their catchment school. To determine which schools are associated with a home address, visit the **School Locator Tool** at www.sd61.bc.ca. Type in the address and it will indicate which school the student should attend based on their residential address.

For Home Owners

Two current copies of the following documents are required:

- Purchase agreement of home
- Property tax statement
- Home owner's insurance
- Notice of Assessment
- A purchase agreement (with subject removal and a deposit receipt if a recent purchase)

If a homeowner is only able to produce one of the above, they must also produce two of the following:

- Canadian bank or credit card statement
- BC vehicle registration
- Income tax statement
- Insurance documents

For Renters

To provide proof of home address the following is required:

- A rental agreement signed by landlord with landlords contact phone number

In addition, two of the following are required:

- Canadian bank or credit card statement
- BC vehicle registration
- Income tax statement
- Renters Insurance documents