




Student Registration Form
Quesnel School District 28
401 North Star Rd. Quesnel, BC V2J 5K2
Phone: 250-992-8802

School:		Grade:	
<input type="checkbox"/> English <input type="checkbox"/> French Immersion		Personal Education Number:	
<input type="checkbox"/> Kindergarten <input type="checkbox"/> Grades 1 to 7 <input type="checkbox"/> Quesnel Junior School <input type="checkbox"/> Correlieu Secondary School <input type="checkbox"/> QDL <input type="checkbox"/> HS			
STUDENT INFORMATION			
Legal Last Name:		DOB: (dd-mm-yyyy)	
Legal First Name:		Student Email:	
Legal Middle Name:		Street Address:	
Usual Last Name:		Apt. (if applicable)	
Usual First Name:		City, Prov. & Postal Code:	
Gender:		Mailing Address, if different from above:	
Home Phone:			
Proof of Age/Legal Name: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Indigenous Status Card			
Proof of Address in Quesnel – 2 Pieces required—please specify below (example: utility bill, rental/purchase agreement, pay advice)			
Proof of Address #1: _____ Proof of Address #2: _____			
Previous School & District: _____		City, Province: _____	
Previous StrongStart: _____		City, Province: _____	
INDIGENOUS ANCESTRY			
<input type="checkbox"/> Status-on Reserve <input type="checkbox"/> Status-off Reserve Band: _____ <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit			
CITIZENSHIP STATUS			
Country of Birth:		County of Citizenship:	
<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International Student <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee Status			
Study Permit expiry date: _____ Language spoken at home: _____			
(dd-mm-yyyy)			
SIBLING INFORMATION			
School-aged Siblings: Legal last name and first name	Grade	Name of School in Quesnel	

PARENT/LEGAL GUARDIAN INFORMATION						
<p>Who does the student live with:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other – Provide info </div> <p>GUARDIANSHIP: Please provide copy of the Agreement/Court Order</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Sole <input type="checkbox"/> Joint/Shared </div> <p><input type="checkbox"/> Child in Care Please provide copy of the MCFD Guardianship Letter and complete Section C below.</p>						
A. Mother/Legal Guardian Information						
Legal Last Name:				Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal First Name:				Property Address:		
Relationship:				City, Province:		
Email Address:				Postal Code:		
Home Phone				Cell Phone:		
B. Father/Legal Guardian Information						
Legal Last Name:				Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal First Name:				Property Address:		
Relationship:				City, Province:		
Email Address:				Postal Code:		
Home Phone:				Cell Phone:		
C. Legal Guardian Information – <i>if applicable</i>						
Please specify relationship to student:						
Legal Last Name:				Lives with Student:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal First Name:				Property Address:		
Relationship:				City, Province:		
Email Address:				Postal Code:		
Home/Cell Phone:				Business Phone:		
EMERGENCY CONTACTS – Other than parent/legal guardian						
Note: The parent/legal guardian living with the student will always be called first, before the emergency contact is called.						
	Emergency Contacts Legal First & Last Name	Permission to pick up student	Home Phone	Cell Phone	Work Phone	Street Address
1		<input type="checkbox"/> Yes or <input type="checkbox"/> No				
2		<input type="checkbox"/> Yes or <input type="checkbox"/> No				
3		<input type="checkbox"/> Yes or <input type="checkbox"/> No				

MEDICAL INFORMATION			
Personal Health Care Number (PHN): _____			
Allergies: _____		Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Health Factors: _____		Life Threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is student currently on medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below: _____			
Refer to School District 28 Policy & Procedures 330 (Attachments A, B, and C) by scanning the QR Code: <ul style="list-style-type: none"> Attachment A: Guidelines for the Administration of Medication at School District 28. Attachment B: Urgent Medical Alert Card Attachment C: Request for Administration of Medication at School 			
INCLUSIVE EDUCATION - LEARNING SUPPORT			
Please mark the appropriate box if your child has received any of the following:			
<input type="checkbox"/> Learning Assistance	<input type="checkbox"/> Vision Accommodations	<input type="checkbox"/> Hearing Accommodation	
<input type="checkbox"/> Educational Assessment	<input type="checkbox"/> Learning Adaptations/Modifications	<input type="checkbox"/> Speech/Language	
<input type="checkbox"/> Diagnosis: _____	<input type="checkbox"/> Inclusive Educational Plan	<input type="checkbox"/> Physical Accommodation	
Consent for Release of Information: I am the parent/legal guardian of the student and I consent to the release of all learning Support information/documentation to School District 28.			
Parent/Legal Guardian (signature): _____			
BUS INFORMATION			
Is school bus transportation required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete a School Bus Registration form. The form can be submitted to your school secretary or completed online and emailed to transportation@sd28.bc.ca.			
PARENT/LEGAL GUARDIAN			
The information 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 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 collected on this form 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 Administrator.			
_____ PRINTED NAME of Parent/Legal Guardian		_____ SIGNATURE of Parent/Legal Guardian	
DATE: _____ (dd-mmm-yyyy)			
<div style="background-color: #e6f2ff; padding: 5px; margin-bottom: 10px;">SCHOOL OFFICE USE ONLY</div> Date received by the school: _____ Received by: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> (dd-mmm-yyyy) (please print name) </div>			

SCHOOL DISTRICT NO. 28 (QUESNEL)

ATTACHMENT A - POLICY 332 & 310

Allergic Shock (Anaphylaxis)

PARENT RESPONSIBILITY CHECKLIST

- ☐ Inform school staff and classroom teacher of your child's allergy.
- ☐ Ensure your child is aware of their allergy.
- ☐ Inform your child of their allergy and ways to avoid anaphylactic reactions.
- ☐ Ensure your child is aware of signs and symptoms of an anaphylactic reaction.
- ☐ Encourage your child to tell an adult if they are having an allergic reaction.
- ☐ Complete the School Emergency Procedure Plan (SEPP) and return it to the principal. Set up a time to meet with designated school staff to develop the Allergy Awareness and Prevention Plan (AAP).
- ☐ In conjunction with your physician, complete the SEPP.
- ☐ In consultation with principal, teacher, and public health nurse, develop a plan (AAP) to keep your child safe from anaphylactic reactions while in school.
- ☐ Provide two current single dose, single-use auto-injectors for school use. Consult with the teacher/principal to determine where the primary and back-up single dose, single-use auto-injectors will be located.
- ☐ Inform school staff of your child's ability to carry their single dose, single-use auto-injector on their person (if they have demonstrated maturity).
- ☐ If your child is not able to carry their single dose, single-use auto-injector on their person, in consultation with teacher/principal, determine where the primary single dose, single-use auto-injector should be located.
- ☐ Provide consent which allows school staff to use a single dose, single-use auto-injector when they consider it necessary in an allergic emergency.
- ☐ Ensure your child knows where their single dose, single-use auto-injector is kept.
- ☐ Teach your child to administer their own single dose, single-use auto-injector.
- ☐ Ensure your child wears a Medical Alert bracelet or necklace.
- ☐ In consultation with classroom teacher and public health nurse determine your role in providing "allergy awareness" education for classmates.
- ☐ Notify the principal if there is a change in your child's allergy condition or treatment.

IF YOUR CHILD HAS A FOOD ALLERGY

- ☐ Ensure your child knows to eat only food that has been sent from home.
- ☐ Provide the school with non-perishable foods (in case child's lunch is forgotten at home) and safe snacks for special occasions.
- ☐ Be informed of strategies in place for developing an "allergy safe" classroom.
- ☐ Should communicate with school staff about field trip arrangements
- ☐ Should meet with food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

IF YOUR CHILD HAS A DUAL DIAGNOSIS OF ANAPHYLAXIS & ASTHMA, ENSURE THEY ARE EDUCATED TO:

- ☐ Learn the importance of keeping their asthma under control.
- ☐ Always carry their asthma medication.
- ☐ If they are unclear as to whether they are experiencing an anaphylactic reaction or an asthma attack, the single dose, single-use auto-injector should be used first.

Parent Signature

Date