



Oyama Traditional School

OFFICE USE ONLY

Waitlist : <input type="checkbox"/>	Registration #:
Time:	Date of Return:

Entering Grade Level: _____ English Program

SCHOOL HISTORY

Kindergarten enrollment: Full Day program only	Attended an Early Learning Program (ie. Preschool) or a StrongStart Centre? : Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Early Learning Program or StrongStart Centre: _____	
Last school attended: Name: _____ City: _____ Prov.: _____ Phone: () _____	
Has your child previously attended any school in SD No. 23?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what school and year attended: _____	
Siblings attending schools in SD 23?	Name: _____ School: _____ Date of Birth: _____
	Name: _____ School: _____ Date of Birth: _____
Choice of School(s) in priority order:	1. _____ 2. _____
To register for bus transportation as an eligible or courtesy rider living within the catchment area for this school, please complete the <i>Student Bus Registration Form</i> .	

STUDENT INFORMATION

Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	House # / Street	
Legal Last		City/Province	Postal Code
Legal First		Home Phone	Unlisted: <input type="checkbox"/>
Legal Middle		<i>If mailing address is different, please enter below:</i>	
<i>If legal name is different from preferred name - please indicate:</i>		Mailing Address	
Preferred Last		Aboriginal Ancestry	Yes <input type="checkbox"/> No <input type="checkbox"/>
Preferred First		If yes, please indicate:	Inuit <input type="checkbox"/> Metis <input type="checkbox"/> Status <input type="checkbox"/> Non Status <input type="checkbox"/>
Birth Date	Day: _____ Month: _____ Year: _____		On Reserve <input type="checkbox"/> Off Reserve <input type="checkbox"/>
Birthplace		Aboriginal Program Support	Yes <input type="checkbox"/> No <input type="checkbox"/>
Language spoken at home		Parent Signature for Aboriginal support: _____	
Citizenship	Canadian Citizenship <input type="checkbox"/> Landed Immigrant <input type="checkbox"/> Student VISA <input type="checkbox"/> Exchange Student <input type="checkbox"/>		
Has your child received?	Learning Assistance: Yes <input type="checkbox"/> ESL Support: Yes <input type="checkbox"/> Counselling: Yes <input type="checkbox"/> Behavioural Support: Yes <input type="checkbox"/> Gifted/Enrichment: Yes <input type="checkbox"/>		

PARENT(S)/GUARDIAN(S) INFORMATION - LIVING WITH STUDENT

Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> First Parent/Guardian living with student:	Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Second Parent/Guardian living with student:
Relationship _____ Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship _____ Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last Name _____ First Name _____	Last Name _____ First Name _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Employment _____	Employment _____
Business Phone _____ Extension _____	Business Phone _____ Extension _____
E-mail _____	E-mail _____
1st Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____	2nd Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____
For Separated/Divorced parents: Custody: Joint <input type="checkbox"/> Sole <input type="checkbox"/> Guardianship: Joint <input type="checkbox"/> Sole <input type="checkbox"/>	
Legal restrictions regarding access: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, copy of legal documents must be provided.	
<i>Non-custodial parents are entitled to access students, records, and school personnel unless legal documents are provided that state otherwise.</i>	

PARENT(S)/GUARDIAN(S) INFORMATION - NOT LIVING WITH STUDENT

Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/>	Legal Parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Joint Custody <input type="checkbox"/> Joint Guardianship <input type="checkbox"/>
Relationship _____ Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Relationship _____ Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>
Last Name _____ First Name _____	Last Name _____ First Name _____
Home Phone _____ Cell Phone _____	Home Phone _____ Cell Phone _____
Employment _____	Employment _____
Business Phone _____ Extension _____	Business Phone _____ Extension _____
E-mail _____	E-mail _____
House # /Street _____	House # /Street _____
City/Postal Code _____	City/Postal Code _____
3rd Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____	4th Emergency Contact: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what order of contact _____

SCHOOL DISTRICT #23 (CENTRAL OKANAGAN) APPLICATION FOR REGISTRATION

Oyama Traditional School

ALTERNATE EMERGENCY CONTACT INFORMATION

#1 - Alternate Emergency Contact (Not Parent/Guardian)			#2 - Alternate Emergency Contact (Not Parent/Guardian)		
Last Name	First Name		Last Name	First Name	
Relationship			Relationship		
Home Phone	Cell		Home Phone	Cell	
Business Phone	Extension		Business Phone	Extension	
Employment			Employment		

DAYCARE CONTACT INFORMATION

Daycare Name	Contact	Phone
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HEALTH INFORMATION

Physician	Dr.	Phone	B.C. Care Card Number
MEDICAL ALERT (Must Be Physician Diagnosed and Potentially Life Threatening) Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If you have indicated yes to Medical Alert, YOU MUST COMPLETE a "Medical Alert Planning Form" available from the office.</i>			
Medical condition that may require immediate action:			
Allergies that may require immediate action:			

A copy of the student's Birth Certificate MUST be attached to this form.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY INFORMATION

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes and when required, may be provided to health services, social services or other support services as outlined in sections 88 and 91 of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Information and Privacy Coordinator, School District No. 23 (Central Okanagan), 1940 Underhill Street, Kelowna, B.C., V1X 5X7, (250) 860-8888.

PARENT/GUARDIAN APPLICATION SIGNATURE and/or AUTHORIZATION FOR RECORDS

By signing this Application for Registration, I the undersigned, also authorize the previous school to forward all student records to (your school name here).

Parent / Legal Guardian:	Please Print	Signature:
Date:		

OFFICE USE ONLY

Teacher / Division:

Start Date: