



Don Titus Montessori School

School District No. 59 (Peace River South) – P.O. Box 538 Chetwynd, BC V0C 1J0

Phone: (250) 788-2531

BC STUDENT INFORMATION VERIFICATION FORM - REGISTRATION FORM

2018-2019

DEMOGRAPHICS

Legal Last Name _____ Legal First Name _____

Legal Middle Name _____ Date of Birth _____

Usual Last Name _____ Usual First Name _____

Gender MALE FEMALE Proof of Age _____

Home Phone Number _____ Care Card Number _____

Student Contact Cell No. _____ Student Contact Email Address _____

Home Street Address _____ Physical 911 Address _____

RR Number/PO Box _____ City _____ Prov _____ Postal Code _____

Mailing address if not the same: _____

Previous School _____ District No. _____ Previous Teacher _____

Current School : _____ Grade _____

PARENT/GUARDIAN INFORMATION

Name _____ Contact can pick up?

Gender MALE FEMALE Receive Mailings?

Relationship _____ Home Phone Number _____

Parental Authority or Guardian? Work No. _____ Cell No. _____

Contact Lives with Student? Email _____

Address if Different from Student _____

Comment (e.g. Custody) _____

PARENT/GUARDIAN INFORMATION

Name _____ Contact can pick up?

Gender MALE FEMALE Receive Mailings?

Relationship _____ Home Phone Number _____

Parental Authority or Guardian? Work No. _____ Cell No. _____

Contact Lives with Student? Email _____

Address if Different from Student _____

Comment (e.g. Custody) _____

If address is different, proof of BC residency of Parent/Guardian must be provided. (e.g. Utility Bill, Care Card). The custodial parent must be a resident of BC.



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EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT

Contact 1 Relationship Phone No. Cell No. Contact 2 Relationship Phone No. Cell No.

SIBLING INFORMATION

Name Sibling School Grade Name Sibling School Grade Name Sibling School Grade

STUDENT LEGAL ALERTS – Court Order on File? []

Description

STUDENT MEDICAL ALERTS – Life Threatening? []

Description

OTHER STUDENT ALERTS – Health, Family or other Information

Description

CITIZENSHIP

Country of Birth Visa Status Country of Citizenship Visa Expiration Date

LANGUAGE AND CULTURE

Home Language Aboriginal Ancestry Aboriginal Program Language Most Used Status Card Number First Language Band of Residence

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 program and administrative purposes...

I declare the information that I have provided is complete and accurate.

Parent / Guardian Signature Date

NOTE: Authorization for new students to begin attending classes may be provided following contact with the previous school. Until we have received information from the previous school(s) the students may not be allowed to attend classes and may be provided with school work to be completed at home.



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FOR KINDERGARTEN USE ONLY

The government of British Columbia is tracking the progress of Kindergarten students in the province, and in doing so is asking for the following information.

Name _____ Date of Birth _____

Did this child attend an early learning or child-care program on a regular basis? Yes No

If yes, was it one or more of the types listed below? (please check all that apply)

Based in a centre, licensed (for profit)

Child’s home, non-relative caregiver

Based in a centre, licensed (non-profit)

Family child-care, licensed

Child’s home, relative caregiver

Other home based unlicensed, non-relative

Other care _____

Was the child’s child-care program prior to entry to kindergarten? Yes No

Full-time

Part-time

Did the child attend ‘other’ language classes?

Yes _____ No

Specify Language

If your child is Aboriginal, what is their ancestral language, even if not spoken in the house?

Did the child attend a parent/child resource program? StrongStart CCR & R

Other _____

Specify

Reminder – information will remain completely confidential!

Thank you for your cooperation