



School District 59 (Peace River South)

School Name: DON TITUS MONTESSORI

School Year: 2020/2021

BC STUDENT INFORMATION VERIFICATION FORM REPORT

DEMOGRAPHICS

Legal Last Name _____ Student Contact Cell No. _____

Legal First Name _____ Student Email Address _____

Legal Middle Name _____ Home Street Address _____

Usual Last Name _____ Physical 911 Address _____

Usual First Name _____ City _____ Prov _____ PC _____

Usual Middle Name _____

Gender MALE FEMALE

Mailing address if not the same:

Date of Birth _____ Street Address _____

Proof of Age _____ RR Number/PO Box _____

Home Phone Number _____ City _____ Prov _____ PC _____

Care Card Number _____ Is your child immunized? Yes No

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) _____

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 _____ Work No. _____ Cell No. _____ Relationship _____

Contact 2 _____ Work No. _____ Cell No. _____ Relationship _____

SIBLING INFORMATION

Name _____ Sibling School _____ Grade _____

Sibling Phone _____ Grade _____

Name _____ Sibling School _____ Grade _____

Sibling Phone _____ Grade _____

Name _____ Sibling School _____ Grade _____

Sibling Phone _____ 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, 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.

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 Child's home, non-relative caregiver

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