

Don Titus Montessori School
WHERE KIDS LEARN TO SHINE!

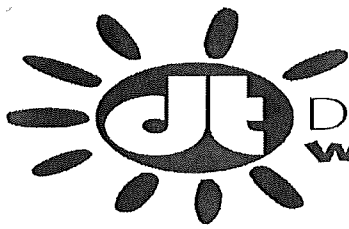
NEW STUDENT REGISTRATION

The following documents are required to complete your registration:

1. Attached Registration forms
2. Consent forms
3. Birth Certificate (Copy)
4. BC Health Care (Copy)

Please choose one of the following ways to submit your registration package:

1. You can call the school at 250-788-2531 and arrange a time to drop of the package and required documents at the school.
2. You can submit your registration package, along with the required documents, via email to mmovold@sd59.bc.ca



REQUEST FOR STUDENT RECORDS

DATE:

TO:

EMAIL:

FROM:

Attention Student Records:

The following student(s) has/have enrolled with (insert school name) starting (insert start date).

LEGAL NAME	GENDER	DATE OF BIRTH	GRADE

- **Student File:** including report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, student conduct, all safety concerns, suspension letters, records of discipline matters and consequences/interventions, behavior plans and any other pertinent information regarding the student(s).
- **Permanent Student Record Card**
- **Individual Education Plans (IEP):** if there is one for the student.
- **Support Services File (Confidential Files):** if there is one for the student including any confidential or other document pertaining to the above student from Psychologists, Social Worker, Speech/Language Pathologists, Counsellors, etc.

AUTHORIZATION FOR RELEASE OF STUDENT SCHOOL RECORDS

I confirm that I am the parent/guardian of the above-named student(s). I hereby authorize you to Release/share the above noted information about my child with School District 59 and to discuss information relevant to the planning of their school program with School District personnel.

Print Parent/Guardian Name Parent/Guardian Signature Date

- For schools within BC using MyEd:**
- Withdraw student in MyEdBC
 - Change Next School in MyEdBC to (add school name)
 - Forward student files and records to (add school name)

Thank you,

Margaret Movold
Senior Secretary
Don Titus Montessori



School District No.59 (Peace River South)

School Name: _____

School Year: _____

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 _____

Legal Gender _____ Preferred Gender _____

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 _____ Care Card No. _____

PARENT/GUARDIAN INFORMATION

Name _____ Contact can pick up?

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?

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.



School District No.59 (Peace River South)

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 _____

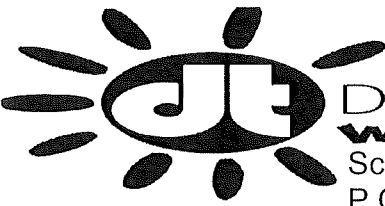
First Language _____ Band of Residence _____

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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School District No. 59 (Peace River South)
P.O. Box 538 Chetwynd, BC V0C 1J0 Phone: (250) 788-2531

STUDENT MEDICAL INFORMATION 2022/2023

STUDENT'S NAME: _____

PARENT'S PLEASE FILL OUT AND SIGN THIS FORM.

STATEMENT OF STUDENT HEALTH: PLEASE LIST ANY DIAGNOSED ONGOING MEDICAL CONCERNS, DISABILITIES, OR PROBLEMS INVOLVING YOUR CHILD.

ASTHMA _____

ALLERGIES _____

BRONCHITIS _____

EPILEPSY _____

OTHER: _____

Is your son/daughter taking any prescription medication

Name of medication: _____

How is it administered? : _____

What is it used to treat? : _____

SIGNATURE OF FATHER _____

SIGNATURE OF MOTHER _____

Personal health care number from British Columbia Care card: _____



School District No. 59 (Peace River South)
School Request Form
Aboriginal Program Participation



Student Name: _____

School: _____

As a parent/guardian of the above-named student, I give permission for my child to receive additional support while attending school in School District No. 59 (Peace River South).

This information is voluntary: Status Indian Non status Indian Metis Inuit

The programs could include the following:

- The programs of the Coach/Mentor teachers and / or Aboriginal support staff.
- Literacy intervention, tutorial or academic assistance.
- Attendance monitoring and intervention.
- Grade and Grad Coaching.
- Assistance of the School Family Support Worker.
- School wide or classroom cultural/history awareness opportunities and / or presentations.
- Submission of names to external sources for awards, bursaries and recognition.

I have identified my child as having Aboriginal ancestry and give informed consent for my child to participate.

I understand this form will follow my child through to graduation, if enrolled in any school in School District No. 59.

I am aware that these over and above services are available to students who self-identify as having Aboriginal ancestry and are funded by the B.C. Ministry of Education, Aboriginal Education. I am also aware, that I can change my declaration for my child(ren) to receive additional service upon my request.

Parent Name: (please print): _____

Parent Signature: _____

Date: _____

Phone Number(s): _____