



Don Titus Montessori School
WHERE KIDS LEARN TO SHINE!

KINDERGARTEN REGISTRATION

The following documents are required to complete your registration:

1. Attached Registration forms
2. Birth Certificate (Copy)
3. 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



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.



School District No.59 (Peace River South)

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



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): _____



School District 59 (Peace River South)

11600 - 7th Street
Dawson Creek, BC V1G 4R8
Phone: 250-782-8571

In School District 59, all kindergarten children participate in a developmental processing screen in the fall and again in the spring. The screen provides information on a student's development in key areas required for successful learning: motor, hearing, vision, working memory, speech and language. The district Speech-Language Pathologist, Educational Psychologist, Physiotherapist and/or Helping Teachers will administer the screen.

Research shows that these areas are key components of the reading, writing and numeracy process. Weakness in one or more of these areas leads to delays and difficulties in the development of functional reading, writing and numeracy skills.

The purpose of the fall screen is to provide teachers with a profile of their classroom's developmental needs. This allows kindergarten teachers to incorporate the most effective developmental strategies based on their specific class profile. When available, intervention services will be provided at the school for identified areas of need. Parents will be informed of any concerns identified in order to assist in the intervention process. If you do **not** want your child to participate in intervention services, please let your school Learning Assistance Teacher know.

The purpose of the spring screen is to identify students who will need further investigation and support in their grade one year. This may involve occupational and physiotherapists, speech-language pathologists and/or educational psychologists. Necessary referrals will be sent to parents at the start of the child's grade one year.