

STUDENT REGISTRATION FORM

CENTENNIAL CHRISTIAN SCHOOL - TERRACE, BC

Student Name: _____ Grade: _____
(last) (first) (middle)

Address: _____ Gender: _____
(street) (city)

Postal Code: _____ Phone Number: _____

Date of Birth: _____ Place of Birth: _____

(a copy of the child's Birth Certificate must be attached to this registration)

E-mail Address (if you wish to receive our weekly newsletter electronically): _____

PARENTS OR GUARDIANS:

Father: _____ Home Phone: _____ Cell Phone: _____

Address: (if different from child's) _____

Place of Employment: _____ Business Phone: _____

Mother: _____ Home Phone: _____ Cell Phone: _____

Address: (if different from child's) _____

Place of Employment: _____ Business Phone: _____

Are there any family matters or custody, guardianship or access orders or agreements of which the school should be aware? Yes ___ No ___ (If yes, please provide documentation upon acceptance)

What language is spoken at home? _____

Church Affiliation (if attending): _____ Are you members? Yes ___ No ___

Pastor: _____ Pastor's phone: _____

Other children:	Name	Birth Date	Grade
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

The above information is true to the best of my knowledge.

Date: _____ Signature: _____

May we use your family name and address in our school directory? Yes No

May we use pictures of your family in our promotional material? Yes No

May we use pictures of your family in our yearbook? Yes No

May we use pictures of your child on our website? (without name) Yes No

May we use pictures of your child on our Facebook and page? (without name) Yes No

May we use pictures of your child on our Instagram and page? (without name) Yes No

School Use only

Interview Date: _____	Interviewers: _____
Child(ren) Accepted: _____	Pastoral Reference: _____
Birth Certificate: _____	Partnership Form: _____
Tuition Schedule: _____	Application for Membership: _____

LEGAL RESIDENCY OF PARENT

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach copy of court order appointing you as legal guardian.)

1. Is one/both parents/guardians a Canadian citizen? Yes No
(if not born in Canada, please attach a photocopy of citizenship paper/card)
2. Is one/both parents/guardians a landed immigrant? Yes No
(attach photocopy of landed immigrant status paper)
3. Is one/both parents/guardians lawfully admitted to Canada under one of the following documents? (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant
 - A person claiming refugee status who has a letter of no objection
 - Student authorization (student visa) for two or more years (or issued for one year but anticipated to be renewed for one/more additional years)
 - Employment authorization (working permit) for two/more years (or issued for one year, anticipated to be renewed one/more additional years.
 - A person carrying out official duties as a diplomatic/consular official (with a foreign representative acceptance counterfoil in his/her passport)
 - Other - document description must be cleared with Immigration Canada)
4. Is one/both parents a resident of British Columbia? Yes No
5. Is your child a Canadian citizen? Yes No
6. Is your child of Indigenous ancestry? Yes No
7. Is your child a First Nations and living on a reserve? Yes No
If yes, please list Band name _____
Band number _____

Confirming Signature

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____

Date _____

ACADEMIC HISTORY

(To be completed when student has attended other schools)

1. Schools Attended - List last three schools, starting with most recent.

<u>School</u>	<u>Location</u>	<u>Year</u>	<u>Teacher</u>	<u>Phone Number</u>
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- 2a. Does the student have any academic or disciplinary problems? If so, please supply details (this will help us establish whether, and how, we can meet the student's needs).

- 2b. Has the student ever been assessed by a Paediatrician for any behavioural or intellectual concerns? Yes No If yes, when?

- 2c. Has the student ever had a Psychoeducational Assessment? Yes No If yes, when?

3. Has your child ever received special education funding? Yes No

(If yes, please fill out additional form available in office)

4. Has your child ever received learning assistance services? Yes No

(If yes, please fill out additional form available in office)

5. Has your child ever been assessed or received services by an educational psychologist, occupational therapist, speech therapist, physiotherapist, behavioral consultant, or teacher of the hearing impaired? Yes No

(If yes, please fill out additional form available in office)

6. Please include with this application a copy of the most recent report card.

7. Does the student have, or has he/she experienced, any social problems?

8. List student interests and hobbies (e.g. piano, soccer, etc.)

9. Is there anything else you wish to convey to the school?

If you wish to register more than one student, please obtain additional copies of these pages from the office and fill one out for each student.

Parent/Guardian Signature

Date

SCHOOL MEDICAL REGISTRATION INFORMATION

Student: _____ Gender: _____
(surname) (first) (middle)

Address: _____ Postal Code: _____

Grade: _____ Age: _____ Date of Birth: _____

Place of Birth: _____ Care Card Number: _____

Persons to Contact in Case of Emergency (If parents cannot be reached):

1. _____ Telephone: _____

2. _____ Telephone: _____

Last School Attended: _____

Address: _____

Father or Guardian: _____

Place of Employment: _____ Phone: _____

Mother or Guardian: _____

Place of Employment: _____ Phone: _____

MEDICAL INFORMATION (CONFIDENTIAL)

Family Doctor: _____ Phone: _____

Does your child have any of the following? (Please check)

Diabetes _____ Hearing Problem _____ Asthma _____

Heart Condition _____ Vision Problem _____ Allergies _____

Please specify allergies: _____

Other: _____

Explain briefly above conditions: _____

Is your child able to participate in a full P. E. program? Yes No

If "No" an exemption note from your family physician will be required as P. E. is a compulsory subject. If conditions change during the year, please inform the school.

Date: _____ Signature: _____