

# 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 (For our weekly newsletter): \_\_\_\_\_

### 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)

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

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

School                      Location                      Year    Teacher                      Phone Number

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2a. Does the student have any academic or disciplinary problems? If yes, please supply details (this will help us establish whether, and how, we can meet the student's needs).

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2b. Has the student ever been assessed by a Paediatrician for any behavioural or intellectual concerns? If yes, when?

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2c. Has the student ever had a Psychoeducational Assessment? If yes, when?

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

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

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

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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: \_\_\_\_\_

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### 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: \_\_\_\_\_