

# 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)

### PARENTS OR GUARDIANS:

Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(if different from child's)

Place of Employment: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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): \_\_\_\_\_

Pastor: \_\_\_\_\_

Are you members? Yes \_\_\_\_\_ No \_\_\_\_\_ 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 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: _____

**CENTENNIAL CHRISTIAN SCHOOL - TERRACE**  
**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 Aboriginal ancestry?  Yes  No
7. Is your child a Status Indians 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>
---------------	-----------------	-------------	----------------	---------------------

---

---

---

- 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 Pediatrician for any behavioral or intellectual concerns?  Yes  No If yes, when?

---

---

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

---

---

- 2d. Does your child receive Special Education Funding from the Ministry of Education? If so, please supply details \_\_\_\_\_

---

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

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

---

---

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

---

---

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

---

---

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

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

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

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

9. 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?

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: \_\_\_\_\_