

Continuing Education/Outreach Program 2009 - 10 Student Registration Form

The information on this form is collected under the authority of the *School Act*. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.

Home School (Currently Enrolled in): _____ **City:** _____ **Province:** _____

Student

Legal Surname: _____ Legal First Name: _____

Legal Middle Name: _____

Usual Surname: Same As Legal _____

Usual First Name: Same As Legal _____

Birth Date (DD-MM-YYYY): _____ Gender: Female Male

Grade: _____

Property Address

Street Number: _____ Street Name: _____

Apartment: _____ Municipality: _____ Province: BC _____

Postal Code: _____ Comp: _____ Lot/Site: _____ Phone: _____

Mailing Address

Same As Property _____

Demographic Information

Aboriginal Ancestry: Yes No

If Yes, Status: Status On Reserve Status Off Reserve Metis Inuit Non Status

Band of Residence (if On Reserve): _____

Language at Home: English Other _____

Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant International

Citizenship: Canadian Citizen Other _____

Country of Birth: Canada Other _____

Parents

Student Living With: Both Mother Father Guardian Other: _____

Custody: Joint Other _____ Court order in effect

1 - Parent Type: Mother Father Guardian Other: _____

Surname: _____ First Name: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student _____

2 - Parent Type: Mother Father Guardian Other: _____

Surname: _____ First Name: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student _____

Emergency Contacts

Same as Parent 1 Above

1 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

Same as Parent 2 Above

2 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

3 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

(If possible, please make contact 4 out of district)

4 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

Medical

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Care Card Number: _____

Allergies and Health Conditions:

Life Threatening? No Yes **If YES, please provide details to your counsellor ASAP.**

I certify that the information I have provided on this form is correct.

Parent Signature: _____ Date: _____

Office Use Only

Date Received: _____

BCeSIS Pupil #: _____ PEN: _____

Proof of Age: Birth Cert. Citizenship Passport Drivers' Lic. Other:

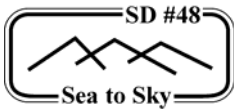
BCeSIS Admitted: Date: _____ Reg. Date: (1st day of classes): _____

Files, PR, Grad Transition Req _____ Files, PR GR TR Received _____

GR TR Marks to L. Firbank _____ Temp File Made: _____

Filemaker Pro: _____

Signatures: Counsellor _____ Admissions _____ Records _____ Principal _____



HOWE SOUND OUTREACH SCHOOL

NAME OF CHILD: _____

GRADE: _____

COURSE PLANNER

English 9		Physics 11	
Math 9		Science and Technology 11	
English 10*		Biology 12*	
Social Studies 10		Chemistry 12	
Principles of Math 10*		Communications 12*	
Essentials of Math 10*		Drama: History of Film 12	
Science 10*		English 12*	
Planning 10		Entrepreneurship 12	
Chemistry 11*		Family Studies 12	
English 11		First Nations 12*	
Communications 11		Geography 12*	
Social Studies 11*		Physics 12	
Essentials of Math 11		Principals of Math 12*	
Math 11A			
Principles of Math 11			
Biology 11			
Earth Science 11		*denotes provincial examinable course	

Which course(s) will you be taking first? _____

Will you be writing the provincial exam(s)? Yes No

PROVINCIAL EXAM DATES: THOSE IN BOLD ARE ELECTRONIC ONLY

EMath 10	Oct 5/09	Nov 12/09	Jan 28/10	Apr 15/10	May 20/10	June 28/10
PMath 10	Oct 5/09	Nov 12/09	Jan 28/10	Apr 15/10	May 20/10	June 28/10
English 10	Oct 6/09	Nov 13/09	Jan 28/10	Apr 16/10	May 21/10	June 23/10
Science 10	Oct 6/09	Nov 13/09	Jan 29/10	Apr 16/10	May 21/10	June 25/10
Social Studies 11	Oct 5/09	Nov 12/09	Jan 27/10	Apr 15/10	May 20/10	June 22/10
Comm 12:			Jan 26/10		May 21/10	June 23/10
English 12:	Oct 5/09	Nov 12/09	Jan 27/10	Apr 15/10	May 20/10	June 22/10
Geography 12:			Jan 25/10			June 28/10
Biology 12:			Jan 25/10			June 24/10
PMath 12			Jan 26/10			June 21/10
Amath 12			Jan 28/10			June 21/10
First Nations 12			Jan 28/10			June 24/10
Physics 12			Jan. 26/10			June 21/10
Chemistry 12			Jan. 29/10			June 23/10

If yes, Projected Completion Date: _____ Intended Provincial Exam Date: _____

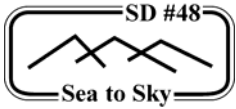
Why are you taking this course? _____

How did you learn about this program? _____

Student Signature: _____

Parent Signature: _____

Office use only:	Total Courses: _____	Total Credits: _____	FTE: _____
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NAME OF CHILD: _____

GRADE: _____

In accordance with the **Freedom of Information and Protection of Privacy Act**, School District No. 48 (Sea to Sky) requires consent to use personal information for purposes unrelated to educational programs.

- 1. There are occasions when our school would like to have contact with parents to consult them directly about school issues or meetings, or to plan school related activities. To contact you for these purpose, we need consent for the disclosure of your name, home address, phone number and email address to school district personnel, Parent Advisory Councils or others responsible for organizing these types of activities. Your personal information will not be disclosed to anyone for business or commercial purposes.

() **Yes** – I give consent for release of my information for purposes consistent with the above.

() **No** – I do not consent for release of my information for purposes consistent with the above.

Signature: _____ Date: (mm/dd/yy) ____ / ____ / ____

- 2. It is a tradition in our school district to allow district staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sports and cultural events taking place in the district. While photographs add to the community life of our school, they are not required for educational purposes. As such, consent for the release of your child's name, photograph and comments is required. Students' names photographs and comments may be published in the school yearbook, newsletter or web page, and on occasion, in the school district calendar, annual report, or in the news media.

() **Yes** – I give consent to publish the name, photograph and comments of my child for purposes consistent with the above.

() **No** – I do not permit the publication of my child's information for purposes consistent with the above.

Signature: _____ Date: (mm/dd/yy) ____ / ____ / ____

- 3. School District 48 provides **Internet** access for education purposes only. It is impossible for School District 48 to prevent access to materials that may be controversial. All parents of students under age 18 must provide permission for their child to access the Internet.

() **Yes** – I give permission for my child to access the Internet and I will not hold School District 48 responsible for information or materials that my child may acquire on the Internet.

() **No** – I do not give permission for my child to access the Internet.

Signature: _____ Date: (mm/dd/yy) ____ / ____ / ____