

# Sea to Sky Online School Student Registration Form

2016/2017

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*.

**Previous School:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

### Student

Legal Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_

Usual Surname:  Same As Legal \_\_\_\_\_

Usual First Name:  Same As Legal \_\_\_\_\_

**Other Names** (Maiden Name or Previous Name): \_\_\_\_\_

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

Grade: \_\_\_\_\_

Graduated:  Yes  No If Yes, what year did you graduate? \_\_\_\_\_

**Student Email:** \_\_\_\_\_

### 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 (pertains to students under 19)

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: \_\_\_\_\_

2 - Parent Type:  Mother  Father  Guardian  Other: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Business Ph.: \_\_\_\_\_ Ext.: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ Cell Ph.: \_\_\_\_\_

**Email:** \_\_\_\_\_ Work Place: \_\_\_\_\_

**Emergency Contacts (pertains to students under 19)**

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:** \_\_\_\_\_

**\*Student Signature (19 or over):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Please provide a copy of ID: Driver's License or Birth Certificate to Sea to Sky Online School.*

**Office Use Only**

Date Received: \_\_\_\_\_ Cross/Enroll To: \_\_\_\_\_ From: \_\_\_\_\_

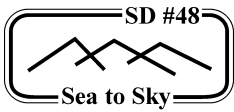
BCeSIS Pupil #: \_\_\_\_\_ PEN: \_\_\_\_\_

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

BCeSIS Admitted:  Date: \_\_\_\_\_ Reg. Date: (1<sup>st</sup> day of classes): \_\_\_\_\_

Files, PR, Grad Transition Req \_\_\_\_\_ Files, PR GR TR Received \_\_\_\_\_

Signatures: Secretary \_\_\_\_\_ Principal \_\_\_\_\_



NAME Of STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

**COURSE PLANNER**

Accounting 11	Introductory German 11
Applied Digital Communications 11	Introductory Italian 11
Art Foundations 11	Introductory Japanese 11
Art Foundations 12	Introductory Korean 11
Athletic Leadership 10	Introductory Spanish 11
Biology 11	Law 12
Biology 12	Math 8
Chemistry 11	Math 9
Chemistry 12	Math 10, Foundations and PreCalc
Communications 11	Math 10, A & W
Communications 12*	Math 11, A & W
Comparative Civilizations 12	Math 11, Foundations
Drama Film and TV 12	Math 11, PreCalc
Earth Science 11	Math 12, PreCalc
English 10	Math 12, Foundations
English 10 First Peoples	Photography 12
English 11 First Peoples	Physical Education 10
English 11	Physical Education 11
English 12*	Physical Education 12
English 12 First Peoples*	Physics 11
English Literature 12	Physics 12
Entrepreneurship 12	Planning 10/12
Environmental Sustainability 12	Rock & Roll History 11
Family Studies 12	Science 10
First Nation Studies 12	Science and Tech 11
Foods 10	Social Justice 12
Foods 12	Social Studies 9
French 10	Socials Studies 10
French 11	Socials Studies 11
French 12	Sustainable Resources 12 - Agriculture
Geography 12	Sustainable Resources 12 - Forestry
History 12	Sustainable Resources 12 - Fisheries
Introductory French 10	Writing 12
	<i>*denotes provincial examinable courses</i>

Which course(s) will you be taking first? \_\_\_\_\_

Why are you taking this course? \_\_\_\_\_

Will you be writing the provincial exam ? \_\_\_\_\_

If yes, projected completion date? \_\_\_\_\_ Intended Provincial Exam Date: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

<p><b>Office use only:</b> Total Courses: _____ Total Credits: _____ FTE: _____</p> <p><b>Student is:</b> Adult Grad <input type="checkbox"/> Regular Grad Program <input type="checkbox"/> Upgrading <input type="checkbox"/></p>
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