



Bastion Elementary Student Registration Form

School Year: **2026—2027** Start Date _____ Entering Grade _____ English French Immersion

STUDENT INFORMATION

Legal Last Name: _____

Main Contact Phone: _____

Legal First Name(s): _____

Property Address: _____

Legal Middle Name(s): _____

Street Address: _____

Usual Last Name: _____

City: _____ Prov: _____ PC: _____

Usual First Name(s): _____

Proof of local address document: _____

Gender: Male Female**Mailing Address:** _____

Date of birth: Day ____ Month ____ Year ____

Same as Property Address: Yes No

Proof of Age Document: _____

Mailing address if different: _____

BC Services Card No. _____

City: _____ Prov: _____ PC: _____

ENROLLMENT HISTORY

 First Time Entry Strong Start: _____

Previous School Name: _____ City: _____ Prov: _____

CUSTODY INFORMATION

Is there a court order in effect? No Yes **If yes, legal documentation must be filed with the school.****Parental:**

Details for school purposes: _____

Ministry: Continuing Custody Order Temporary Custody Order Voluntary Custody Order

Details for school purposes: _____

STUDENT MEDICAL ALERTS

Life threatening? _____ Description: _____

OTHER STUDENT ALERTS Health, family or other important information for school purposes

Description: _____

CITIZENSHIP

Country of Birth: _____

INDIGENOUS ANCESTRY

Is the student of Indigenous Ancestry? Yes No

Citizenship: _____

If yes, then select: Metis Inuit Non-Status

Visa Status: _____

 Status Off Reserve Status On Reserve Work Permit Expiry Date: _____

Band of Origin: _____

 Study Permit Expiry Date: _____

Band of Residence: _____

Status Card No. _____

LANGUAGE

Spoken at home: _____ First: _____

PREVIOUS ASSISTANCE RECEIVED

 Inclusive Education Plan Learning Assistance Learning Adaptations / Modification Speech/Language Hearing Accommodation Physical Accommodation Vision Accommodations District Counsellor Educational Assessment: _____

Bastion Elementary

Student Registration Form

SIBLING INFORMATION

Name _____ Male Female Birthdate _____ Relationship _____
 Name _____ Male Female Birthdate _____ Relationship _____
 Name _____ Male Female Birthdate _____ Relationship _____

CONTACT INFORMATION

PARENT / GUARDIAN INFORMATION—1st Contact

Name (first, last) _____
 Relationship to student: _____
 Parental authority or guardian Lives with student
 Can pick up Receive email
E-mail address: _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Citizenship and BC Residency documents: _____

Property Address (if not living with student)

Street Address _____
 PO Box/RR Number _____
 City _____ Prov _____ PC _____

Mailing Address (if different from student/property address)

Street Address _____
 PO Box/RR Number _____
 City _____ Prov _____ PC _____

PARENT / GUARDIAN INFORMATION—2nd Contact

Name (first, last) _____
 Relationship to student: _____
 Parental authority or guardian Lives with student
 Can pick up Receive email
E-mail address: _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____
 Citizenship and BC Residency documents: _____

Property Address (if not living with student)

Street Address _____
 PO Box/RR Number _____
 City _____ Prov _____ PC _____

Mailing Address (if different from student/property address)

Street Address _____
 PO Box/RR Number _____
 City _____ Prov _____ PC _____

3rd PARENT / GUARDIAN INFORMATION (if applicable)

Name (first, last) _____ 3rd Contact? _____
 Relationship to student: _____
 Parental authority or guardian Lives with student
 Can pick up Receive email
E-mail address: _____
 Home Phone _____
 Cell Phone _____
 Work Phone _____

Property Address (if not living with student)

Street Address _____
 PO Box/RR Number _____
 City _____ Prov _____ PC _____

Mailing Address (if different from student/property address)

Street Address _____
 PO Box/RR Number _____
 City _____ Prov _____ PC _____

LOCAL EMERGENCY CONTACT INFORMATION (Other than Parent/Guardian)

(Optional—may be contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1: _____	Cell Phone _____	Home Phone _____	
	Relationship _____	Can pick up <input type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Contact 2: _____	Cell Phone _____	Home Phone _____	
	Relationship _____	Can pick up <input type="checkbox"/> YES <input type="checkbox"/> NO	
Alternate Contact 3: _____	Cell Phone _____	Home Phone _____	
	Relationship _____	Can pick up <input type="checkbox"/> YES <input type="checkbox"/> NO	

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79 (2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent / Guardian Signature: _____ Date: _____