



The Board of Education of School District No. 83
341 Shuswap Street SW, Box 129, Salmon Arm, BC, V1E 4N2
PHONE 250-832-2157 FAX 250-832-9428

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: _____

Citizenship: _____

Visa Status: _____

☐ Work Permit Expiry Date: _____

☐ Study Permit Expiry Date: _____

INDIGENOUS ANCESTRY

Is the student of Indigenous Ancestry? ☐ Yes ☐ No

If yes, then select: ☐ Metis ☐ Inuit ☐ Non-Status

☐ Status Off Reserve ☐ Status On Reserve

Band of Origin: _____

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 <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate _____	Relationship _____
Name _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Birthdate _____	Relationship _____
Name _____	Male <input type="checkbox"/> Female <input type="checkbox"/>	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: _____