

REGISTRATION FORM

PLEASE COMPLETE IN FULL, SIGN AND SUBMIT WITH REQUIRED DOCUMENTATION – PRINT CLEARLY

A) REQUIRED DOCUMENTATION CHECKLIST – please include copies of these with your registration form

- Identification is required for all new registrants (ie: Canadian Birth Certificate, Driver's Licence, Indian Status Card, Landed Immigrant Papers, Passport, Study Permit) **ID RECEIVED MUST BE LEGIBLE & ISSUED IN CANADA** (lighten to fax)
- Proof of Residency (ie: student or parent driver's licence, property tax assessment or utility bill)
- Report Card (Gr Kgt to 9) • Transcript or Permanent Student Record from previous school (Gr 10,11 or 12)
- Timetable (if attending another school) or Withdrawal Form (if no longer attending previous school)
- Grades 8 - 12: Student Learning Plan / Course Request (see page 3 attached)
- Deposit or Course Fee where applicable
- Activation Assignment for each course grades 10 to 12

Required documents will be provided by:

- Fax
- Email
- Mail
- Deliver to office

B) STUDENT INFORMATION

Date of Application: _____	Registering in grade: _____	Student # _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate _____ Day Month Year	Home Address _____ _____	
Legal Last Name _____		City _____	Prov _____
Legal First Name _____		Postal Code _____	
Usual Last Name _____		Secondary Address if applicable: <input type="checkbox"/> Also Send Mail Here	
Usual First Name _____		Address _____	
Middle Name(s) _____			
Previous Last Name _____		City _____	Prov _____
Phone (_____) _____		Postal Code _____	
Student Email _____			

C) SCHOOL HISTORY

Last School Attended _____	Are you taking courses at another school? <input type="checkbox"/> Yes <input type="checkbox"/> No
District / City _____	Name of School _____
Date Last Attended _____ Grade _____	Phone # _____
Date Graduated _____	

Registration Requirements: Must be 15 years of age.
Class times offered: Please Check Preference

Mon – Fri <input type="checkbox"/> 8:45 am – 10:16am	<input type="checkbox"/> 10:20 am – 11:30am	<input type="checkbox"/> 12:20 pm – 2:00 pm
Mon – Thu <input type="checkbox"/> 2:30 pm – 4:30pm	<input type="checkbox"/> 5:00 pm-7:00 pm	<input type="checkbox"/> 7:00 pm – 9:00 pm
Stolo Site - Mon. – Fr. <input type="checkbox"/> 9:00 am – 11:30am	<input type="checkbox"/> 11:30 am- 2:00 pm	Thurs <input type="checkbox"/> 1:30 pm – 4:00 pm <input type="checkbox"/> 6:00 pm – 9:00 pm

D) CITIZENSHIP INFORMATION

E) LANGUAGE & ETHNICITY

Country of Birth: <input type="checkbox"/> Canada Province _____	Language spoken at home most often: <input type="checkbox"/> English
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
Citizenship: <input type="checkbox"/> Canadian <input type="checkbox"/> Permanent Resident/Landed Immigrant	Are you of Aboriginal Ancestry? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Refugee <input type="checkbox"/> International Student on Study Permit	<input type="checkbox"/> Status On Reserve – Band of Residence: _____
<input type="checkbox"/> Other <input type="checkbox"/> International Student on Exchange	<input type="checkbox"/> Status Off Reserve <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Inuit

F) PARENT/LEGAL GUARDIAN INFORMATION

1. Relationship To Student _____

Last Name _____

First Name _____

Living With Student Same Address

Address (if different) _____

City _____ Prov _____

Postal Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Parent Email _____

2. Relationship To Student _____

Last Name _____

First Name _____

Living With Student Same Address

Address (if different) _____

City _____ Prov _____

Postal Code _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Parent Email _____

G) SIBLINGS AT THIS SCHOOL

2. Male Female Birthdate _____ Day _____ Month _____ Year _____

Legal Last Name _____

Legal First Name _____

2. Male Female Birthdate _____ Day _____ Month _____ Year _____

Legal Last Name _____

Legal First Name _____

H) SPECIAL SERVICES – Received at previous school

Is there an Individualized Education Plan? Yes No Has a District Assessment Been Done? Yes No

I) PAYMENT INFORMATION

Cash Certified Cheque Debit

Mastercard Visa Money Order

Credit Card # _____

Expiry Date _____

Cardholder Name _____

Please check the current Kwiyeqel Schedule for course-based refundable resource deposit.

Resource deposit: _____

_____:

_____:

Total: _____

NOTE: Credit Card information is not retained. Deposit fees will not be refunded after 1 year from course completion or withdrawal.

J) RELEASE OF INFORMATION

The Chilliwack School District takes every precaution to protect the information disclosed in this registration form, and the confidentiality of the students and guardians documented therein. Students/Guardians should be aware that this information is stored in a provincial database and access to this data can be transferred from one school to another. You have the right to know what information this, or any other school district, has stored on you and the student, and to request updates to that information. Contact the SD33 School Board Office for more information or to arrange access to your records.

► _____
Initials *By initialing this statement, I give my consent for the publication of this student's photograph / first name / schoolwork to be used on the school website in a password protected area, on school newsletters or bulletin boards.*

► _____
Initials *By initialing this statement, I give my consent for the student's name, parent's email address and phone number to be provided to Kwiyeqel Secondary Parent Advisory Council for the purpose of school related activities.*

This signature authorizes Kwiyeqel Secondary to request student records from a previous school, including any district assessment or confidential files. KSS will report student progress to schools and school districts and upon moving, transfer student files and records to the new school or school district on request. By signing this form, you have indicated that the information provided is accurate and complete.

► _____ Signature of Parent/Guardian or Secondary/Adult Student _____ Print Name (PLEASE PRINT CLEARLY) _____ Date _____