



# RE MOUNTAIN SECONDARY SCHOOL

## NEW STUDENT REGISTRATION CHECKLIST

LEGAL SURNAME: \_\_\_\_\_ LEGAL FIRST NAME: \_\_\_\_\_

USUAL SURNAME: \_\_\_\_\_ USUAL FIRST NAME: \_\_\_\_\_

Prior to booking an appointment with an administrator, **ALL** documentation must be submitted at once by a parent/guardian to the counselling office.

- Student Registration Form
- Student's Proof of Age
  - Birth Certificate, Certificate of Citizenship, Court Order, Driver's Licence, Passport, SCIS –Status Card
- Report Card
- Course Selection Form
- IEP and /or Psych Ed Reports
- Proof of Residency
  - BC Driver's Licence, Mortgage statement, Utility bill, Municipal tax bill, Subject free Purchase Agreement (move in date within 6 months)
  - If Driver's Licence has a new address sticker, the school will require additional documentation and will accept: any official correspondence from the Provincial or Federal Government, Property Assessment or T4
- Proof of Parent's Citizenship
  - Canadian Birth Certificate, Passport or Citizenship card, SCIS – Status Card, Permanent Resident Card, Refugee documents from Immigration Canada
- Authorization for Release of Student Information
- Medical Alert Form (if applicable)
- Self-Identification of Aboriginal Ancestry Form (if applicable)

### TO BE COMPLETED BY THE OFFICE:

- Intake Form
- Paperwork given to Counsellor for approval of course selection
- Appointment with Administrator



# Welcome to R.E. Mountain Secondary School

## Student Registration Cover & Checklist

**IMPORTANT:** This document **MUST** be filled out completely and all supporting documents included before your registration will be accepted.

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

Current Contact Number: \_\_\_\_\_ Student Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Previous School: \_\_\_\_\_

In order that we can ensure the best possible service and programming for your student, please prepare the following documents **before** making an appointment for an intake meeting. These documents are required by the Ministry of Education and by the school in order to ensure that all eligible students receive appropriate educational programming.

- ✓ Proof of residence in the R.E. Mountain Catchment Area dated within the last 6 months (BC Driver's License, utility bill, mortgage statement, tax bill, subject free Purchase Agreement)
- ✓ Proof of Canadian Citizenship or Permanent Residence for *both* student and parent (Birth Certificate, Passport or Permanent Resident Card)
- ✓ Copy of your most recent report card
- ✓ The demographics' registration form **on the reverse** completely filled out

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1. Have you applied for the Pre-IB or IB Program? No Yes

2. Were you homeschooled? If yes, which grades \_\_\_\_\_ No Yes

3. Have you ever received Learning Support blocks? No Yes

4. Do you have an Individual Educational Plan (IEP)? No Yes

- ✓ If yes, please provide a copy with this registration.

5. Do you have a Social Worker? No Yes

- ✓ If yes, Name \_\_\_\_\_ Phone Number \_\_\_\_\_

6. Have you had ESL support? If yes, which grades \_\_\_\_\_ No Yes

**Office Use Only:** If yes to questions 1, 2, or 3 inform Counseling Dept.  4 or 5 inform Special Ed. Dept.  6 inform ESL Dept.

**If transferring within a school year, the following is required:**

- ✓ Completed withdrawal papers from your previous school
- ✓ A copy of your Individual Education Plan (IEP) if applicable
- ✓ A copy of your current timetable and most recent report card



SCHOOL DISTRICT #35 (LANGLEY) STUDENT REGISTRATION

Office Use - MyEdBC

YOG:

Grade/Homeroom:

School Year:

Enrollment Date:

STUDENT INFORMATION – check boxes when applicable.

Enrolled in Strong Start – School/District: \_\_\_\_\_ Self-Identify Aboriginal (Aboriginal Form required)

Legal Surname Legal First Name Legal Middle Name Grade (registering for)

Usual Surname (if different) Usual First Name Usual Middle Name Date of Birth (Day/Month/Year)

Birthplace (Country/Province) Primary Language Spoken at Home Gender Preferred Gender

Langley Catchment School Last School Attended (Name/City/Prov)

STUDENT ADDRESS INFORMATION

Street Address City Postal Code

Mailing Address (if different) City Postal Code

Who does the Student Reside With?

Both Parents In-Care or Continuing Care Order (CCO) Provide copy

Mother Only Father Only Is there a Custody Court order? Yes No If Yes, provide a copy for student file.

PARENT/Legal Guardian #1 Note: (If In-Care – Social Worker is #1)

Last Name First Name Relationship to Student

Email Home/Cell Phone Work Phone

Address (if different from student) City Postal Code

PARENT/Legal Guardian #2 Note: (If In-Care – Care Giver/Foster Parent is #2)

Last Name First Name Relationship to Student

Email Home/Cell Phone Work Phone

Address (if different from student) City Postal Code

EMERGENCY Contact Information

Siblings (Brothers/Sisters)

Names/Birthdays (MMDDYYYY)

#1 - First & Last Name Relationship to Student Home Cell Work Phone 1.

2.

#2 - First & Last Name Relationship to Student Home Cell Work Phone 3.

4.

#3 - First & Last Name Relationship to Student Home Cell Work Phone 5.

HEALTH CONCERNS - Is the concern(s) Life Threatening? Yes No (If yes, Medical Form is required)

List Concern(s): Care Card#:

I understand, as Parent/Legal Guardian, SD35 (Langley) will request the full student file, including all inclusions (if applicable), from last school the student has attended.

PARENT/LEGAL GUARDIAN – SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**AUTHORIZATION FOR RELEASE  
OF STUDENT INFORMATION**

As legal guardian, of \_\_\_\_\_  
(Student's Name)

whose birth date is \_\_\_\_\_

I hereby authorize School District #35 (Langley) to provide information to, or receive information from:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Regarding my child named above for the following purpose:

MOVING TO NEW SCHOOL

**Name of Langley School District person requesting information (if applicable):**  
**SHANDEE STRELAU**

**Do not fax unless there is confirmation of privacy at receiving fax #**

\_\_\_\_\_  
(Signature of Legal Guardian)

\_\_\_\_\_  
(Date)

**MEDICAL ALERT INFORMATION FORM – SECONDARY**

*Student's Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

**SPECIFIC INFORMATION ON THE POTENTIALLY LIFE THREATENING CONDITION:**

1. New Condition            Yes            No            Date condition identified: \_\_\_\_\_

2. Describe the condition and *symptoms* to watch for:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION needed:**        yes            no        **TYPE OF MEDICATION:** \_\_\_\_\_

**DIRECTIONS FOR ADMINISTRATION:** \_\_\_\_\_  
\_\_\_\_\_

I agree to supply the medication to the school in the **original container** with child's name and the pharmacist's direction for use including dosage. *The parent/guardian is responsible for replacing expired medication.*

**PRECAUTIONS IN THE CLASSROOM ARE:** \_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS: SCHOOL STAFF** need to, should a problem/emergency occur: (step by step information needed)

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Information to be collected at school registration and forwarded by the principal to the appropriate School Staff who consult with the Public Health Nurse as necessary.

I understand it is the parent's responsibility to update this information and/or medication annually and when the child's condition changes.

I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication, and that the Public Health Nurse may contact me as necessary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



**ABORIGINAL PROGRAM**  
 Langley School District #35  
 4875-222<sup>nd</sup> Street, Langley, B.C. V3A 3Z7



## Self-Identification of Aboriginal Ancestry (First Nations, Metis or Inuit)

**\*\*Please fill out only if student has Aboriginal ancestry - one form per child\*\***

*Aboriginal Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (Status or Non-Status), Metis or Inuit Ancestry. **No documentation other than this self-identification is required and the ancestry can go back several generations.***

Student Name: \_\_\_\_\_ Aboriginal Ancestry: \_\_\_Yes

Specify Ancestry if known: \_\_\_\_\_ (e.g. Sto:lo, Cree, Inuit, Metis, etc.)

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Birth Date: \_\_\_\_\_ (month/day/year) Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 (with ancestry)

**\*By signing below I acknowledge that my son/daughter is of Aboriginal Ancestry (First Nations, Metis or Inuit)**

### Parent/Guardian Consultation and Consent to Service

#### Aboriginal Education Programs/Services

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Academic and Personal Support</li> <li>• Home-School communication (letters, phone calls, etc.)</li> <li>• Monitoring of academic progress and attendance</li> <li>• Cultural enrichment</li> <li>• Graduation/Scholarship/Bursary/Post-Secondary Info</li> </ul> | <ul style="list-style-type: none"> <li>• Early Literacy/Numeracy Intervention</li> <li>• PALS Program</li> <li>• Newsletter</li> <li>• In-class Cultural Presentations/Events</li> <li>• Leadership Conference/Transition Conference</li> </ul> |
|--|---|

Comments: \_\_\_\_\_

\*I give consent for my child to access the programs and services available through the Aboriginal Program.  
 \*This signature is considered consent for the duration of the student's enrollment in their current school.  
 \*Consent can also be given verbally by phone or by email to your Aboriginal Support Worker. \*To revoke this consent you must contact the Aboriginal Program office at 604-888-4819.

\*I give permission for my son/daughter's picture to be used in newsletters, webpage, etc. \_\_\_Yes\_\_\_ No

\_\_\_\_\_  
 (Parent/Guardian Signature)

\_\_\_\_\_  
 (Date Signed)

\_\_\_\_\_  
 (Print Parent/Guardian Name)

\_\_\_\_\_  
 (Address - if changed)

**\*Please return this form to your child's school ASAP. If you have any questions, please call 604-888-4819.**