



**Arrowsmith Independent School 2016/2017  
Registration Form for K-Gr.7**

861 Hilliers Road, Qualicum Beach, BC V9K 1X5  
Phone: 250-752-2722  
www.arrowsmithindependentschool.ca  
arrowsmithschool@shaw.ca

**STUDENT INFORMATION**

LEGAL FIRST NAME	LEGAL MIDDLE NAME	LEGAL LAST NAME	
PREFERRED FIRST NAME	PREFERRED LAST NAME	MALE / FEMALE (CIRCLE ONE)	
ADDRESS	CITY	PROVINCE	POSTAL CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	PROVINCE	POSTAL CODE
BIRTHDATE	HOME PHONE NUMBER	OTHER CONTACT NUMBER	

**\*\*PLEASE ATTATCH A COPY OF BIRTH CERTIFICATE**

**STUDENT PREVIOUS SCHOOL HISTORY**

PREVIOUS SCHOOL DISTRICT	PREVIOUS SCHOOL NAME	LAST GRADE COMPLETED	
ADDRESS OF PREVIOUS SCHOOL	CITY	PROVINCE	POSTAL CODE
PHONE NUMBER	FAX NUMBER		
ADDITIONAL INFORMATION:			

**CITIZENSHIP, ESL & FIRST NATIONS**

CITY AND PROVINCE OF BIRTH	CITIZEN OF	LANGUAGE AT HOME
OTHER LANGUAGES SPOKEN? IF YES, WHICH ONES?		
ABORIGINAL ANCESTRY?	BAND NAME	STATUS NUMBER

**CIRCLE ONE:** METIS / INUIT / NON-STATUS / STATUS-ON RESERVE / STATUS-OFF RESERVE

**MEDICAL CONTACT AND INFORMATION**

_____	_____	_____	
BC CARE CARD NUMBER	FAMILY DOCTORS NAME	FAMILY DOCTORS NUMBER	
_____	_____	_____	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<b>ALLERGIES/HEALTH RELATED INFORMATION:</b> _____			
_____			
_____			
ALL VACCINATIONS ARE UP TO DATE: YES / NO		My child is NOT vaccinated.	
<b>**PLEASE PROVIDE COPY OF VACCINATION RECORD</b>		_____	
		SIGNATURE OF PARENT	

**PARENT/GUARDIAN INFORMATION #1**

_____	_____	_____	
FIRST NAME	MIDDLE NAME	LAST NAME	
_____	_____	_____	
ADDRESS	CITY	PROVINCE	POSTAL CODE
<i>(IF DIFFERENT THAN STUDENTS)</i>			
_____	_____	_____	
HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	
_____	_____		
PLACE OF EMPLOYMENT	EMAIL ADDRESS		
<b>EMERGENCY CONTACT?</b>	<b>LIVING WITH STUDENT?</b>	<b>SHARED CUSTODY?</b>	
YES / NO	YES / NO	YES / NO	
<b>**PLEASE ATTACH A COPY OF THE CUSTODY ORDER (IF APPLICABLE)</b>			

**PARENT/GUARDIAN INFORMATION #2**

_____	_____	_____	
FIRST NAME	MIDDLE NAME	LAST NAME	
_____		_____	
ADDRESS <i>(IF DIFFERENT THAN STUDENTS)</i>	CITY	PROVINCE	POSTAL CODE
_____	_____	_____	
HOME PHONE NUMBER	CELL NUMBER	WORK NUMBER	
_____	_____		
PLACE OF EMPLOYMENT	EMAIL ADDRESS		
<b>EMERGENCY CONTACT?</b> YES / NO	<b>LIVING WITH STUDENT?</b> YES / NO	<b>SHARED CUSTODY?</b> YES / NO	
<b>**PLEASE ATTACH A COPY OF THE CUSTODY ORDER (IF APPLICABLE)</b>			

**SIBLINGS**

_____	_____	<b>M / F</b>	_____	_____
SIBILING NAME	AGE		GRADE	SCHOOL
_____	_____	<b>M / F</b>	_____	_____
SIBILING NAME	AGE		GRADE	SCHOOL
_____	_____	<b>M / F</b>	_____	_____
SIBILING NAME	AGE		GRADE	SCHOOL
_____	_____	<b>M / F</b>	_____	_____
SIBILING NAME	AGE		GRADE	SCHOOL

**EMERGENCY CONTACT INFORMATION #1**

_____	_____	<b>CAN PICK UP IN CASE OF EMERGENCY ? YES / NO</b>	
LEGAL FIRST NAME	LAST NAME		
_____			
RELATION TO STUDENT			
_____			
ADDRESS	CITY	PROVINCE	POSTAL CODE
_____	_____		
HOME PHONE NUMBER	OTHER CONTACT NUMBER		

**EMERGENCY CONTACT INFORMATION #2**

_____	_____	<b>CAN PICK UP IN CASE OF EMERGENCY ? YES / NO</b>	
LEGAL FIRST NAME	LAST NAME		
_____			
RELATION TO STUDENT			
_____	_____	_____	_____
ADDRESS	CITY	PROVINCE	POSTAL CODE
_____	_____		
HOME PHONE NUMBER	OTHER CONTACT NUMBER		

**PICK UP INFORMATION**

Any child attending Arrowsmith Independent School will only be released to their parent or alternative adult as listed on the Registration Form. If another adult is to be picking up your child, the parent or guardian must provide a signed note giving permission for Arrowsmith Independent School to release the child into their care.

**PERSONS AUTHORIZED TO PICK UP MY CHILD:**

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

**PERSONS NOT AUTHORIZED TO PICK UP MY CHILD:**

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

**LEARNING REQUIREMENTS:**

**REQUIRES LEARNING ASSISTANCE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUIRES SPECIAL NEEDS ASSISTANCE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional information I want you to know about my child:**

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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It is the responsibility of the Parent/Guardian listed on this form to keep the information up to date and current.

By signing below I agree that the information I have submitted on this form is correct to the best of my knowledge.

\_\_\_\_\_  
PARENT/GUARDIAN #1 FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN #2 FULL NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE