





# BELMONT SECONDARY SCHOOL REGISTRATION FORM

CUSTODY			
Student Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Other _____ <i>(please specify relationship to student)</i>			
Custody: <input type="checkbox"/> Both Parents <input type="checkbox"/> Other _____ <b>Legal document is required if there is a custody issue</b> <i>(please specify relationship to student)</i>			
EMERGENCY CONTACTS			
<i>(Parents will always be contacted first. This is for back up purposes.)</i>			
	Telephone Number	Cell/Work Number	
Other (1)			
Relationship to student:			
Other (2)			
Relationship to student:			
<b>MEDICAL INFORMATION:</b> Please mark the box that applies if your child has one of the following serious medical conditions that may require emergency care during school hours – <b>911 will be called.</b>			
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy with a history of seizures in the past two years		
<input type="checkbox"/> Allergy producing an <b>anaphylactic type response</b> needing hospitalization	<input type="checkbox"/> Blood clotting disorders (e.g. – hemophilia that requires immediate medical care in the event of injury).		
<input type="checkbox"/> Adrenalin	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Severe asthma requiring emergency treatment			
Are any of these conditions <b>Life Threatening?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Doctor:</b>	<b>Phone:</b>	<b>Care Card Number:</b>	
Does your child routinely require medication during school hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special Medical Instructions:			
SPECIAL EDUCATION			
<input type="checkbox"/> Does the student require any special education services?			
<input type="checkbox"/> Student requires an IEP (Individual Education Plan)			
<input type="checkbox"/> Student has Ministry designation (specify)			
<input type="checkbox"/> Other _____			
TRANSFER INFORMATION – Previous School			
School District:			
School Name and Address:			
Phone Number:	Year:	Grade:	
FOR OFFICE USE ONLY:			
Assignment: Year: _____ Grade: _____	Counsellor: _____		
Home Room: _____	Program: _____		
Ministry PEN Number: _____	BCeSIS Pupil Number: _____		
Proof of Address Verified: _____ <i>(signature required)</i>	Proof of Age _____ <i>Verified (photocopy and signature required)</i>		
<input type="checkbox"/> Credit Card Invoice	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Certificate of Citizenship
<input type="checkbox"/> Mortgage Statement	<input type="checkbox"/> Municipal Tax Bill	<input type="checkbox"/> Passport	<input type="checkbox"/> Permanent Resident Card
<input type="checkbox"/> Notary Authorized Letter	<input type="checkbox"/> Rental Agreement	<input type="checkbox"/> Immigration Canada Document	
<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Other _____		
<b>APPROVED BY:</b>			