



## Arrow Lakes Distributed Learning School Registration Form

<b>Student Grade Level:</b>	<b>Registration Date:</b>	<b>DL Program:</b>
		<b>DL New Denver</b>
<b>PEN #:</b>		<b>DL Nakusp</b>

<b>Student Information:</b>		
Legal First Name:	Preferred First Name:	
Legal Last Name:	Email:	
Legal Middle Name:		
Gender:	Birthdate:	
<b>Physical Home Address:</b>	<b>Attached Proof of Age:</b>	
Street:	BC Care Card	Certificate of citizenship
Town:	Birth certificate	Other
Postal Code:	<b>Proof of Address:</b>	
Mailing Address:		
Mobile Phone:	Other	
<b>Parent/Guardian Information:</b>	<b>Parent/Guardian Information:</b>	
Email:	Email:	
Last Name:	Last Name:	
First Name:	First Name:	
Relationship to student:	Relationship to student:	
<b>Home Address:</b>	<b>Home Address:</b>	
Same as student	Same as student	
Or specify address below (if different from	Or specify address below(if different from	
Street	Street	
Home Phone:	Home Phone:	
Town/Province:	Town/Province:	
<b>Immigration:</b>	<b>Aboriginal Ancestry:</b>	Y N
Country and Province of birth:	Metis	Inuit
First language spoken:	Non-status	Status
Language used at home:		

**Learning Disabilities:** Do you require special assistance for a documented disability?

**Previous School and School Address/Phone:**      **Highest grade completed:**

**Year:**

**Emergency Contact Information**

**Medical Information:**

Name:

CARE Card #:

Relationship to student:

Doctor:

Home Phone:

Health Concerns/Allergies:

Work or Mobile Phone:

**For Office Use Only:  
Immigration Status:**

**Canadian citizen**

Previous school contacted

**Permanent resident or landed immigrant**

Birth certificate verified and copied

**International student**

**Parent/Guardian Permission/Release of Information**

I permit

My child's name and/or photo to be used in any school publications including web pages

My child to be included in any media coverage or a school event

The school to disclose my name, address, phone number or mailing address for the purpose of school communications to the Arrow Lakes DL School Parent Advisory Council

My child to participate in local field trips

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

***I am aware that the Arrow Lakes Distributed Learning School (at Selkirk site) operates on a drop-in basis. As such, DL student attendance is not managed as in traditional schools. As a parent, I take responsibility for my child's attendance.***

**I certify that the information I have provided on this form is correct.**

Signature of Adult Student or Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Courses:**

1.	3.	5.
2.	4.	6.

*The information on this form is collected under the authority of the School Act and is maintained in accordance with the Freedom of Information and Protection of Privacy Act. Information is used for the Ministry of Education reporting and kept secure and confidential.*