

LALME’ IWESAWTEXW 2025 – 2026
SEABIRD ISLAND COMMUNITY SCHOOL
REGISTRATION FORM

Office Use Only	Admission Date: _____	Grade _____
<input type="checkbox"/> New Student <input type="checkbox"/> Transferring Student <input type="checkbox"/> Returning Student		
ID submitted: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Status Card OR <input type="checkbox"/> Status Number <input type="checkbox"/> Care card OR <input type="checkbox"/> Care card number <input type="checkbox"/> Parent residence, documentation on file		

Student Information

Legal Last Name: _____		Legal First Name: _____	
Legal Middle Name/s: _____		Birthdate _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last School Attended: _____		SIN # _____	
<input type="checkbox"/> Non-Status	Band of Registry _____		
<input type="checkbox"/> Status	Band of Residence _____		
	Status Number _____		
Mailing Address: (Where all important letters, report cards etc. will be sent)			
Street Address/Box Number: _____		City/Town _____	Postal Code: _____
Email Address: _____			

Home Address:	Home Phone # _____	Cell # _____
Street Address/Box Number: _____		City/Town _____
Postal Code: _____		
Is this home address located on reserve: <input type="checkbox"/> YES <input type="checkbox"/> NO Proof of Residence: _____ (with current house address)?		
Do you require bus transportation <input type="checkbox"/> YES <input type="checkbox"/> NO Address: _____		

Caregiver Information (Person(s) living with student and responsible for the day-to-day care)

Parent Type: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Last Name: _____ First Name: _____ Do you have legal guardianship of student? <input type="checkbox"/> Yes <input type="checkbox"/> No Court orders of any kind in place? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach court documents) Contact Numbers Home: _____ Work: _____ Cell: _____ Cell: Text Only _____ <input type="checkbox"/> No Home Phone (If no phone, please provide us with a number where we can leave a phone message) message number: _____ E-mail Address: _____	Parent Type: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Last Name: _____ First Name: _____ Do you have legal guardianship of student? <input type="checkbox"/> Yes <input type="checkbox"/> No Court orders of any kind in place? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please attach court documents) Contact Numbers Home: _____ Work: _____ Cell: _____ Cell: Text Only _____ <input type="checkbox"/> No Home Phone (If no phone, please provide us with a number where we can leave a phone message) message number: _____ E-mail Address: _____
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Legal Guardian/Social Worker Contact Information ☐ **Not Applicable**

Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Address: _____
City _____ Postal Code _____	City _____ Postal Code _____
Phone number: _____	Phone number: _____
Email: _____	Email: _____

Preferred method of contact: ☐ Phone ☐ Text ☐ Email

STUDENT MEDICAL INFORMATION

Student Name:

Care Card No:

Family Doctor:

Phone:

Life Threatening Health Condition Exists
(If yes, please describe)

Yes ☐

No ☐

Other known health conditions
(If yes, please describe)

Yes ☐

No ☐

Letter of authority to administer any medications on file

Yes ☐

No ☐

Known allergies
(If yes, please describe)

Yes ☐

No ☐

In the event that your child needs to be picked up from school due to illness, accident, behaviour etc. and parents/guardians are not available, please provide us names and phone numbers of those who have transportation and can pick up your child if requested. It is necessary to keep us informed of any contact changes through the year.

<div>Last Name:</div> <div></div>	<div>Last Name:</div> <div></div>
<div>First Name:</div> <div></div>	<div>First Name:</div> <div></div>
<div>Home number:</div> <div></div>	<div>Home number:</div> <div></div>
<div>Cell number:</div> <div></div>	<div>Cell number:</div> <div></div>
<div>Relationship to student:</div> <div></div>	<div>Relationship to student:</div> <div></div>
<div>Email:</div> <div></div>	<div>Email:</div> <div></div>
<div>Last Name:</div> <div></div>	<div>Last Name:</div> <div></div>
<div>First Name:</div> <div></div>	<div>First Name:</div> <div></div>
<div>Home number:</div> <div></div>	<div>Home number:</div> <div></div>
<div>Cell number:</div> <div></div>	<div>Cell number:</div> <div></div>
<div>Relationship to student:</div> <div></div>	<div>Relationship to student:</div> <div></div>
<div>Email:</div> <div></div>	<div>Email:</div> <div></div>

In the event of a natural disaster, such as an earthquake where you are unable to get access to the school, please indicate those individuals you are authorizing as pick-up designates at evacuation sites: (Only those identified will be allowed to pick up your child(ren). All designates will be required to show identification before child(ren) are released.

☐ Same contact names as above. Add additional names below.

Full Name	Relationship	Phone Number	Cell or Email

Signature

Date

Personal Information Protection Act

Seabird is committing to safeguarding the personal information of parents and students and to meeting or exceeding the privacy standards established by the British Columbia Personal Information Protection Act.

Seabird collects, uses, and discloses personal information about our students for the following purposes:

- To communicate with students and parents, to process applications and to meet legal and regulatory requirements regarding student records
- To develop and deliver the school’s educational and extra-curricular programs including curriculum development and teacher training
- To ensure the health and safety of our students, including the delivery or development of specialized services to meet particular mental or physical needs
- To assess suitability scholarships, bursaries, and other financial awards
- To provide references to support post-secondary or other applications by students
- To document school activities, and to communicate information about school activities to students, parents, funders, potential students, our community and the general public
- For additional purposes identified when or before information is collected
- [as otherwise provided in Seabird’s Personal Information Privacy Policy, a copy of which is available upon request]

I consent to Seabird’s collection of personal information about my child, including student identification information, birth certificate, legal guardianship, court orders if applicable, parental contact information, doctor’s name and number, health insurance number, and any similar information for the purposes listed above.

I further consent to the use and disclosure of information contained in this form and otherwise collected by or on the behalf of Seabird to Seabird’s staff, funders, educational partners, agents, and contractors for the purposes outlined above.

Signature: _____ **Date:** _____

I have been advised that from time to time, Seabird may collect my child’s image in photographs, pictures, or videos for the purposes outlined above, and I hereby consent to Seabird’s use and disclosure of my child’s image for those purposes.

Permission for all field trips for the School year

I give permission for my child _____ to go on any field trip with the school for this school year.

Signature: _____ **Date:** _____

Note: There will be notices sent out prior to all field trips informing you of all the details.

- ☐ Yes, I have received Policy 002: Student Code of Conduct
- ☐ Yes, I have received Policy 053: Student Transportation
- ☐ Yes, I have received the 2025-26 Student/Parent Handbook
- ☐ Yes, I have signed the Student/Parent Enrollment Agreement
- ☐ Yes, I would like to participate in PAC this Year



I hereby authorize the release of appropriate information and records

Concerning : _____

_____ to Seabird Island Community School

Signed: _____ (Parent/Guardian)

Date: _____

If you have any questions please give me a call at :

Phone #. _____

Cell # _____

Seabird Island Community School

Mailing: PO Box 530

Phone : 604-796-3061

Agassiz BC

Fax: 604-796-3068

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