



REGISTRATION FORM for K to Gr 9

Full Time Students

PLEASE COMPLETE IN FULL, SIGN AND SUBMIT WITH REQUIRED DOCUMENTATION – PRINT CLEARLY

A) REQUIRED DOCUMENTATION CHECKLIST – please include copies of these with your registration form

- Identification is required for all new registrants (ie: Canadian Birth Certificate, Driver's License, Indian Status Card, Landed Immigrant Papers, Passport, Study Permit) ID RECEIVED MUST BE VALID, LEGIBLE & ISSUED IN CANADA (lighten to fax)
Proof of Residency (ie: Parent/Guardian driver's license, property tax assessment or utility bill)
Report Card (K to Gr 9)
Withdrawal Form (if no longer attending previous school)
Gr 8/9: Student Learning Plan
Refundable Textbook/Resource Deposit or Non-refundable Course Fee where applicable

- Provide the documents by:
Fax 604-701- 4970
Email: fvdes-reg@k12connect.ca
Mail
Deliver to FVDES
Online Attachment

NOTE: Parents/Guardians of students in Kindergarten to Grade 9 are required to discuss the registration, Student Learning Plan, and the role of the Home Facilitator with a FVDES Teacher or Counselor. Please call for an appointment.

B) STUDENT INFORMATION (Please print legibly.)

PEN #

Form with fields for Date of Application, Registering in grade, Have you previously registered at FVDES?, Student #, School Yr Applying For, Birthdate, Legal Last Name, Legal First Name, Usual Last Name, Usual First Name, Middle Name(s), Previous Last Name, Phone, Student Email, Home Address, City, Postal Code, Mailing Address, and checkboxes for gender and mailing preferences.

C) SCHOOL HISTORY (Please print legibly.)

Form with fields for Current School or Last School Attended, District/City, Date Last Attended, and Grades.

D) CITIZENSHIP INFORMATION (Please print legibly.)

E) LANGUAGE & ETHNICITY (Please print legibly.)

Form with checkboxes for Citizenship: Canadian, Permanent Resident/Landed Immigrant, Refugee, International Student on Study Permit, Other, International Student on Exchange.

Form with checkboxes for Language spoken at home most often: English, Other, Are you of Aboriginal Ancestry? Yes, No, Status On Reserve – Band of Residence, Status Off Reserve, Non-Status, Metis, Inuit.

F) PARENT/LEGAL GUARDIAN INFORMATION (If applicable please provide Court Order stating Custody and Guardianship.)

1. Relationship To Student _____	2. Relationship To Student _____
Last Name _____	Last Name _____
First Name _____	First Name _____
<input type="checkbox"/> Living With Student <input type="checkbox"/> Same Address	<input type="checkbox"/> Living With Student <input type="checkbox"/> Same Address
Address (if different) _____	Address (if different) _____
City _____ Prov ____ Postal Code _____	City _____ Prov ____ Postal Code _____
Home Phone (____) _____	Home Phone (____) _____
Cell Phone(____) _____	Cell Phone(____) _____
Work Phone(____) _____	Work Phone(____) _____
Parent Email _____	Parent Email _____

G) SIBLINGS AT FVDES Yes No NAME(S) _____

H) SPECIAL SERVICES – Received at Previous School(s) (Please print legibly.)

Is there an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has a District Assessment Been Done? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student taken part in a Learning Assistance Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have assessments been completed by outside agencies: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has this student taken part in a Resource Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	If applicable, please list the type of assessment(s): _____
Has this student taken part in a Support System at Previous School(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____

I) PAYMENT INFORMATION

<input type="checkbox"/> Cash	<input type="checkbox"/> Certified Cheque* <small>(No Personal Cheques.)</small>	<input type="checkbox"/> Debit	Resource deposit: _____
<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Money Order	_____:
Credit Card # _____		Full-time students qualify for a maximum \$100 refundable resource deposit.	_____:
Expiry Date _____ Cardholder Name _____			Total: _____

NOTE: Credit Card information is not retained. Students are required to return resources within one year of course completion or withdrawal in order to obtain their deposit

J) RELEASE OF INFORMATION

The Chilliwack School District takes every precaution to protect the information disclosed in this registration form, and the confidentiality of the students and guardians documented therein. Students/Guardians should be aware that this information is stored in a provincial database and access to this data can be transferred from one school to another. You have the right to know what information this, or any other school district, has stored on you and the student, and to request updates to that information. Contact the SD33 School Board Office for more information or to arrange access to your records.

► _____
Initials **By initialing this statement, I give my consent for the publication of this student's photograph / first name / schoolwork to be used on the school website, school electronic displays, on school newsletters or bulletin boards.**

This signature authorizes FVDES to request student records from a previous school, including any district assessment or confidential files. FVDES will report student progress to schools and school districts and upon moving, transfer student files and records to the new school or school district on request. By signing this form, you have indicated that the information provided is accurate and complete.

► _____
Signature of Parent/Guardian Print Name (PLEASE PRINT CLEARLY) Date

For Office Use Only: