



## Summer Registrations

Phone: 250-992-7007

[www.css28.com](http://www.css28.com)

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Please fill out the attached registration form and email to Jessica Comeau, Records Secretary ([jessicacomeau@sd28.bc.ca](mailto:jessicacomeau@sd28.bc.ca))

Please include a copy of the following:

- BIRTH CERTIFICATE
- CARE CARD (BC SERVICES CARD) or other proof of medical coverage
- PROOF OF ADDRESS (eg. Drivers license or copy of a utility bill)
- Sometimes a copy of your last report card & or transcript – especially if registering from out of province will assist in scheduling

When we receive your paperwork, you will be contacted by Jessica and/or Stacey to meet with a counsellor. Appointments will be made for your sometime between August 29-September 2.

The principal will contact you sometime **after August 30<sup>th</sup>** to make an appointment to meet with the registering student and parent/guardian.

If you would like to look at our course selection guide and information about grad credits, etc., please visit to our website: <http://www.css28.com/course-selection-guide.html>

First full day of school is Thursday September 8<sup>th</sup> (grade 10's attend orientation here Wednesday September 7<sup>th</sup> for a ½ day in the am).

**ATTACHMENT 'A' POLICY 310**  
**SCHOOL DISTRICT #28 (Quesnel) School Name \_\_\_\_\_**  
**Student Admission Form**

**STUDENT INFORMATION**

Gender Male  Female   
 Legal Last Name \_\_\_\_\_  
 Legal First Name \_\_\_\_\_  
 Usual Last Name \_\_\_\_\_  
 Usual First Name \_\_\_\_\_  
 Middle Name(s) \_\_\_\_\_  
 Birth Date: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Birth Certificate or Proof of Age Provided   
 Home Phone: \_\_\_\_\_

**STUDENT PROPERTY ADDRESS**

Street # & Name \_\_\_\_\_  
 \_\_\_\_\_  
 Apt # \_\_\_\_\_ City \_\_\_\_\_  
 Postal Code \_\_\_\_\_

**MAILING ADDRESS**

Same as Property Address?   
 If No, Address \_\_\_\_\_  
 \_\_\_\_\_

**ADMISSION INFORMATION**

Admission Date \_\_\_\_\_  
 Grade \_\_\_\_\_ French Immersion

**PREVIOUS SCHOOL/DISTRICT**

Previous Town/District \_\_\_\_\_  
 Previous School/StrongStart \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**SIBLINGS:** You may include siblings who are attending a different school

	1.	2.	3.	4.
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

**CITIZENSHIP**

Country & Province of Birth \_\_\_\_\_  
 First Language Spoken \_\_\_\_\_  
 Language Spoken at Home \_\_\_\_\_  
 Citizenship \_\_\_\_\_

**Aboriginal Ancestry:**

Yes  No  
 Status Off Reserve  Metis  Inuit  Non-Status   
 Status On Reserve  : Band of Residence \_\_\_\_\_  
 DIA # \_\_\_\_\_

**Custody Information:** *If there are any custody issues with this student, legal documentation must be brought into the school.*

**PARENT/GUARDIAN**

Relationship \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Living With Student?  Same as Student Address?   
 Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_ Available at Work?   
 Home Phone Number \_\_\_\_\_  
 Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**PARENT/GUARDIAN**

Relationship \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Living With Student?  Same as Student Address?   
 Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_ Available at Work?   
 Home Phone Number \_\_\_\_\_  
 Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**SCHOOL DISTRICT #28 (Quesnel) School Name \_\_\_\_\_**  
**Student Admission Form Continued**

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**Emergency Contacts:**

**Note:** Parents should contact all emergency contacts listed below to ensure they know they are being listed as an emergency contact.

**EMERGENCY CONTACT ONE**

Relationship \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

May pick up student:      **yes**       **no**

**EMERGENCY CONTACT TWO**

Relationship \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone \_\_\_\_\_

Cellular Phone Number \_\_\_\_\_

May pick up student:      **yes**       **no**

**MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Care Card # \_\_\_\_\_

Allergies \_\_\_\_\_ Life Threatening?

Other Health Factors \_\_\_\_\_ Life Threatening?

**If 'Yes' provide "Parent Responsibility Checklist"**

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Proof of up-to-date Immunization: Yes  No

**ALTERNATE PICK UP** (anyone who will be picking the student up from school – this may include daycare, babysitters or other care providers)

Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**BUSSING INFORMATION**

Does the child require bussing?      Yes       No

Is student pick up and drop off the same as the student property address **every day**?      Yes       No

If 'No', and there are multiple pick up or drop off locations required, please provide the following information:

Alternate #1-Name/Relationship \_\_\_\_\_ Alternate #2-Name/Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Please specify the arrangement: \_\_\_\_\_

The District Transportation Department may contact you for additional information.

**OTHER**

Has received:      Learning Assistance?

Special Needs Assistance?

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The information provided by you is collected for the use of school personnel and public health personnel and will not be used for any other purpose without prior approval.

**SCHOOL DISTRICT NO. 28 (QUESNEL)**  
**ATTACHMENT 'A' – POLICY 332 & 310**  
**Allergic Shock (Anaphylaxis)**  
**PARENT RESPONSIBILITY CHECKLIST**

- Inform school staff and classroom teacher of your child's allergy.
- Ensure your child is aware of their allergy.
- Inform your child of their allergy and ways to avoid anaphylactic reactions.
- Ensure your child is aware of signs and symptoms of an anaphylactic reaction.
- Encourage your child to tell an adult if they are having an allergic reaction.
- Complete the School Emergency Procedure Plan (SEPP) and return it to the principal. Set up a time to meet with designated school staff to develop the Allergy Awareness and Prevention Plan (AAP).
- In conjunction with your physician, complete the SEPP.
- In consultation with principal, teacher and public health nurse, develop a plan (AAP) to keep your child safe from anaphylactic reactions while in school.
- Provide two current single dose, single-use auto-injectors for school use. Consult with the teacher/principal to determine where the primary and back-up single dose, single-use auto-injectors will be located.
- Inform school staff of your child's ability to carry their single dose, single-use auto-injector on their person (if they have demonstrated maturity).
- If your child is not able to carry their single dose, single-use auto-injector on their person, in consultation with teacher/principal, determine where the primary single dose, single-use auto-injector should be located.
- Provide consent which allows school staff to use a single dose, single-use auto-injector when they consider it necessary in an allergic emergency.
- Ensure your child knows where their single dose, single-use auto-injector is kept.
- Teach your child to administer their own single dose, single-use auto-injector.
- Ensure your child wears a Medical Alert bracelet or necklace.
- In consultation with classroom teacher and public health nurse determine your role in providing "allergy awareness" education for classmates.
- Notify the principal if there is a change in your child's allergy condition or treatment.

**If your child has a food allergy:**

- Ensure your child knows to eat only food that has been sent from home.
- Provide the school with non-perishable foods (in case child's lunch is forgotten at home) and safe snacks for special occasions.
- Be informed of strategies in place for developing an "allergy safe" classroom.
- Should communicate with school staff about field trip arrangements
- Should meet with food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

**If your child has a dual diagnosis of anaphylaxis and asthma, ensure they are educated to:**

- Learn the importance of keeping their asthma under control.
- Always carry their asthma medication.
- If they are unclear as to whether they are experiencing an anaphylactic reaction or an asthma attack, the single dose, single-use auto-injector should be used first.

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**Parent signature**

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**Date**