



Kimberley Independent School 2024-2025 Student Registration Form

Please print clearly and complete entire form.

OFFICE USE ONLY – MUST BE COMPLETED PRIOR TO ADMISSION

Student Grade Level: _____

Registration date: _____ Early Bird

Enrollment date: _____

Withdrawal/transfer date: _____

• In district: Out of district:

Proof of BC Residency: (Must be provided before enrollment)

- Parent / legal guardian BC Care Card or BC Services Card
- Parent / legal guardian BC Driver's license or ID card
- BC rental or tenancy agreement (must display full name and legal address)
- BC property purchase agreement (must display full name and legal address)
- BC utility bill (must display full name and legal address)
- Other supporting documentation: _____

Proof of age:

- BC Identification
- Birth Certificate
- Passport
- Court Order
- Immigration Documentation
- Other: _____

Immigration Status:

- Canadian Citizen
- Out of Province Canadian – Funding Not Eligible
- Permanent Resident / Landed Resident
- International Student – Funding Not Eligible

STUDENT INFORMATION

Legal First Name: _____ Preferred First Name: _____

Legal Middle Name: _____ Preferred Middle Name: _____

Legal Last Name: _____ Preferred Last Name: _____

Date of Birth: __dd__ / __mmm__ / __yyyy__ (DD/MMM/YYYY)

Gender: Male Female Gender Identity: _____

Property/Home Address:

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

Mailing Address: Check if same as home address

Street: _____

City/Town: _____

Province: _____

Postal Code: _____

ANCESTRY (MUST BE COMPLETED):

Country of Birth: _____

Province of Birth: _____

Primary Language: _____

Language Used At Home: _____

Indigenous ancestry: Yes No

- Metis
- Status – off reserve
- Status – on reserve
- Inuit
- Non-status

Band of residence: _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian:

First Name: _____

Last Name: _____

Parent Type: Mother Father

Other guardianship: _____

Home Address: Same as student

Street: _____

City: _____

Prov: _____ Postal Code: _____

Primary Phone: (____) _____

Secondary Phone: (____) _____

E-mail: _____

Will receive school emails: Yes No

Lives with student: Yes No

Parent/Guardian:

First Name: _____

Last Name: _____

Parent Type: Mother Father

Other guardianship: _____

Home Address: Same as student

Street: _____

City: _____

Prov: _____ Postal Code: _____

Primary Phone: (____) _____

Secondary Phone: (____) _____

E-mail: _____

Will receive school emails: Yes No

Lives with student: Yes No

CUSTODY (MUST BE COMPLETED):

Does the child reside with both parents: Yes No

Is there a specific custody arrangement we should know about: Yes ** No

**If yes, please provide a copy of the custody order to the administration.

Additional comments regarding custody: _____

EMERGENCY CONTACT INFORMATION

Contact #1

Full Name: _____ Relationship to student: _____

Contact Number: (____) _____ Alt. contact number: (____) _____

Do they live locally: Yes No

Do they have permission to pick-up student: Yes No

Contact #2

Full Name: _____ Relationship to student: _____

Contact Number: (____) _____ Alt. contact number: (____) _____

Do they live locally: Yes No

Do they have permission to pick-up student: Yes No

Contact #3

Full Name: _____ Relationship to student: _____

Contact Number: (____) _____ Alt. contact number: (____) _____

Do they live locally: Yes No

Do they have permission to pick-up student: Yes No

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



KIS Medical Information Form

This form must be completed for each student for each school registration year. You are required to contact the school administration in writing to advise if there are changes to your child’s medical status or medications during the school year.

Personal Health Number: _____ **Physician/Contact #:** _____

***** If your child does not have a regular family physician you must provide the name of the clinic or hospital where your child would go for medical care.**

Medical History:

Has your child ever been subject to any of the following? Please check all that apply.

Condition	YES	In Past Year	Condition	YES	In Past Year
Allergy/Hives			Fractures		
Asthma			Frequent headaches		
Convulsions			Frequent stomach issues		
Diabetes			Heart Disease		
Dizziness/Fainting			Hepatitis		
Ear/hearing issues			Mononucleosis		
Encephalitis			Urinary tract infections		
Epilepsy			Other:		
Eye/vision issues					

Allergies:

Does your child have any allergies? Please include any food, medication, environmental or contact allergies they may have.

Please list the specific allergy and expected potential reaction as well as any medications to be administered.

Allergy	Expected Reaction	Medication and Action Plan
1.		
2.		
3.		

Is your child’s medical condition life threatening: Yes ** No

****If your child has a life threatening medical condition you must meet with the principal prior to the child attending KIS and ensure a Medical Alert Planning Form has been completed.**

Behavior/Learning Concerns:

Does your child have any behavioral or learning concerns? Please describe. If your child has a recognized diagnosis please provide information on how/where the diagnoses was made, any relevant medications and if your child is currently receiving any counselling, tutoring or other outside help.

PERMISSIONS & RELEASES

Media Release:

- I consent for my child's name and/or photo to be used in any internal and external school media including marketing publications, webpages and social media and I understand that information posted on the internet may be stored and accessed outside of Canada.

Yes No

Technology Release:

- I consent for my child to access the network and internet for educational purposes in accordance with school policy (parents may access the policy in the parent handbook). I understand in the event that my child engages in any inappropriate activity, that privileges to access the school network and devices may be revoked and other disciplinary action may result. Yes No

Local Excursion Consent:

- I give permission for my child to participate in out-of-school activities such as outdoor classroom activities and walking field trips within the City of Kimberley limits with the understanding The Board Members cannot assume liability for the damage of personal property or personal injury beyond normal legal responsibilities. While participating in any school excursion, students and staff are governed by all laws and regulations applying to Kimberley Independent School Society. Yes No

Permission to Walk Home:

- I consent for my child to leave Kimberley Independent School premises to walk home. I understand that my child will be walking home unsupervised. Yes No

Parent Support Group:

- I consent for the school to disclose my name, phone number, e-mail address and child's name to the Parent Support Group (PSG) for the sole purpose of school-related communications.

Yes No

Printed name of Parent/Guardian: _____ Date: _____

FEE PAYMENT POLICY

- I/we accept the responsibility of making payments by the 1st of each month, preceding my/our child attending Kimberley Independent School, and realize that failure to make payments could result in termination of educational services. Initial _____
- A thirty (30) day written notification must be provided to the principal of the school should a parent/legal guardian choose to withdraw their child.** Tuition is required to be paid in full until the end of the 30 day period and will not be pro-rated should the child leave in the middle of a payment period. Initial _____
- Deposits, registration and supply fees are non-refundable and non-transferrable. Any refunds are subject to review and acceptable refunds will be returned within 90 days of a student's departure. Initial _____

Printed name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____