

EMERGENCY CONTACTS (In case of emergency or school closure, please provide names and phone numbers of contacts if school personnel cannot contact you.)

Name	Phone Number	Relationship to Student

LAST SCHOOL ATTENDED (New students only)

Name of School: _____ Grade: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Phone : _____ Fax : _____
Has your child ever received a special education (IEP) program? : YES NO

MEDICAL INFORMATION

Please provide a photocopy of your child's Immunization record and a copy of your child's Care Card.

Family Doctor: _____ Phone Number: _____

B.C. Care Card Number: _____

Are there any medications that your child may need to be administered during the school day?

YES NO If applicable, please complete the "Permission to Administer Medication" Form.

List special health conditions/allergies/physical limitations/special medications:

If potentially life threatening health condition exists, please complete the "Medical Alert Planning" Form.

TRANSPORTATION INFORMATION

- We will arrange our own transportation to school.
- We are planning to have transportation provided by the school bus (Please complete the "School Bus Registration Form").
- We are interested in arranging car pooling with other parents.

CHURCH INFORMATION

Our family attends church regularly? YES NO Home Church (if applicable): _____

Student's Baptismal Date: ____/____/____ Not Applicable
Month Day Year

KINDERGARTEN ONLY

Please check preference for class: Morning Afternoon Flexible, but prefer _____

PERMISSIONS

I give permission for:

- | | | |
|---|------------------------------|-----------------------------|
| ▪ My child to go on walking trips around the school and to local facilities (within 2 km). | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ▪ My home phone number to be distributed to classroom parents for the emergency phone list. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| ▪ My child's photo to be taken to be used for yearbook, newsletters, website or other promotional materials of ZLS. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Parent/Guardian Signature: _____

The collection and retention of the personal information on this form is required in order to register your child. The personal information serves to fulfill Zion Lutheran School's obligation to provide each student with an appropriate placement and educational program that meets their needs. This information will also allow ZLS to respond appropriately in the event of an emergency. The collection and retention of this information is permitted under the Personal Information Protection Act (PIPP). The information collected will be kept secure and will not be released to a third party without your consent.

FOR OFFICE USE ONLY

New Students Only

Date Received: _____ Immunization Card Copy of Birth Certificate Care Card
Pre-Authorized Payment Agreement