

Charlie Lake Elementary School
Student Registration - School District 60

Date: _____

Time: _____

Demographics

Grade: _____ Homeroom: _____
Legal Last _____ Home Phone _____ Unlisted
Legal First _____ Physical Street Address _____
Legal Middle _____ RR / SS / PO Box _____
Usual Last _____ City _____
Usual First _____ Prov _____
Usual Middle _____ Postal Code _____
Gender M / F CareCard No _____
Date of Birth dd / mm / year Proof of Age _____

Previous School Information & Authorization for Release of Student Records

Previous District & School including Strong Start _____
Previous School's Address _____
Previous Grade (EL if Strong Start) _____

Student Legal Alerts - Court Order Required

Yes No

Complete, Signed, and Stamped order to be provided for file by parent.

Student Life Threatening Medical Alert

Description _____

Other Student Alerts - Non Life Threatening Medical/Family or Other

Description _____

Other Relevant Information - if applicable

Legal Custody _____ Living With _____ Court Order Yes / No

Citizenship

Country of Birth _____ Visa Status _____
Country of Citizenship _____ Visa Expiry Date _____

Declaration

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

I hereby declare that the registration information provided on this document is true, correct and complete to the best of my knowledge. My signature also authorizes the release of student information & records from the previous school.

Parent / Guardian Signature _____

Language and Culture

Home Language _____

Language Most Used by Child _____

First Language of Child _____

Parent / Guardian

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Lives with Student Y / N

Address if different _____

Emergency Contact

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Contact can pick up Y / N

In School Sibling Information

Sibling 1

Sibling 2

Sibling 3

Sibling 4

Sibling 5

First Name _____

Last Name _____

Office Use

Out of Catchment Yes / No

Proof of Age Attached

Waivers Provided (Media, CASL, Learn60, FruitsVeg)

Proof of Residence - Circle One

Family Courier Yes / No

Initial _____

Initial _____

BCID Credit Card Invoice BC Drivers Licence Mortgage Statement Municipal Tax Bill Notary Auth. Letter Rental Agreement Utility Bill

Aboriginal Ancestry

Yes

No

If yes please indicate

Inuit

Status On Reserve

Metis

Status Off Reserve

Non-Status

Band of Origin _____

Band of Residence _____

Parent / Guardian

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Lives with Student Y / N

Address if different _____

Emergency Contact

First Name _____

Last Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

Contact can pick up Y / N



SCHOOL DISTRICT #60 (PEACE RIVER NORTH)

10112 – 105 Avenue, Fort St. John, BC V1J 4S4 Telephone: 250-262-6000/FAX: 250-262-6048

SCHOOL BUS REGISTRATION FORM

SEPTEMBER 2022 – JUNE 2023

A registration form is required to be submitted for all students riding the bus to ensure a seat for each student as well as keeping information current in our system.

*Please fully complete the form below.
Submission can be made using one of the options below:*

Fax: 250-263-6421

Email: transportation@prn.bc.ca

Dropped off at either: SD# 60 Facilities/Transportation Office (10716 – 97 Avenue)
or the School Board Office (10112 – 105 Avenue)

Parent/Guardian Name: _____	Primary Phone #: _____	
	Secondary Phone #: _____	
Parent/Guardian Name: _____	Primary Phone #: _____	
	Secondary Phone #: _____	
*Required – Physical/911 Address: _____		
Mailing Address: _____		
Email: _____	Email: _____	
Child's "Legal" Name (First & Last) _____	Name of School in Sept 2022 _____	Grade in Sept 2022 _____
Child's "Legal" Name (First & Last) _____	Name of School in Sept 2022 _____	Grade in Sept 2022 _____
Child's "Legal" Name (First & Last) _____	Name of School in Sept 2022 _____	Grade in Sept 2022 _____
Child's "Legal" Name (First & Last) _____	Name of School in Sept 2022 _____	Grade in Sept 2022 _____

**ALL students and parents must read and sign the
CODE OF CONDUCT and MEDICAL ALERT information
and return with the registration form**



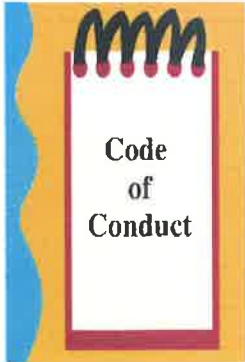
MEDICAL ALERT

Please list only serious health problems that may affect the safe transportation of the student.

Student Name & health concern: _____

Student Name & health concern: _____

CODE OF CONDUCT FOR SCHOOL BUS PASSENGERS



1. Enter and exit the bus in an orderly manner
2. Talk quietly so the driver will not be distracted
3. Use appropriate language at all times
4. Respect the rights of others on board
5. Remain seated while the bus is in motion
6. Keep all parts of your body inside of open windows
7. Keep emergency exits closed
8. Keep the aisle clear
9. Save your litter for the litter bin
10. Absolutely no smoking, vaping, or use of open matches or lighters
11. Absolutely no possession or use of weapons

The driver is in charge of the school bus and students shall follow his/her direction promptly and at all times.

Any misconduct by a student may result in the suspension of his/her bus riding privileges.

The following actions of students will result in immediate suspension of bus riding privileges:

- Swearing at the bus driver*
- Opening of emergency exits*
- Serious Fighting*
- Smoking, Vaping or use of matches or lighters*
- Use or possession of weapons*

PLEASE NOTE:

Parents are responsible to provide supervision for students being dropped off at their stops

PLEASE SIGN BELOW TO INDICATE THAT YOU HAVE READ AND AGREE TO THE ABOVE "CODE OF CONDUCT FOR SCHOOL BUS PASSENGERS"

Student Rider #1 Name: _____ Signature: _____

Student Rider #2 Name: _____ Signature: _____

Student Rider #3 Name: _____ Signature: _____

Student Rider #4 Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____