



**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"/>

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