Homeschool (Registered Only) Registration Form



This form is for students who will be <u>Registered Only</u> under Section 12 of the BC School Act. Registered homeschoolers are not eligible to receive a BC Dogwood Graduation Certificate through homeschooling alone. Youth eligible to enrol in Grades 10, 11, or 12 may enrol in Grades 10-12 online learning courses offered by a public or independent online learning school, while remaining registered as a homeschooler. Credit towards graduation may be earned in this manner. Parents/Guardians who choose to homeschool must register their child by September 30 of each year.

FOR OFFICE USE ONLY: (Please ensure Proof of Age and Residency are provided and initial in allocated area)				
CATCHMENT SCHOOL:		te:	STAFF	
Information Verified By (Staff Name)):		INITIALS	
☐ Current Year: Enrollment Date:		Grade:		
REGISTRATION DOCUMENTATION:				
Proof of Age:	Proof of Residency:	Proof of Physical Address (d	atchment area schools only):	
☐ Birth Certificate	☐ Driver's License	☐ Driver's License		
☐ Certificate of Citizenship	☐ Rental Agreement	☐ Proof of Purchase of Reside	nce	
☐ Immigration Canada Documents	☐ Municipal Tax Bill	☐ Municipal Tax Bill		
☐ Passport	☐ Utility Bill	☐ Notary Authorized Letter		
☐ Permanent Resident Card	☐ Parent's Care Card	☐ Rental Agreement, Accompa	nied With:	
☐ Indigenous Status Card	☐ Parent's BC Services Card	☐ Hydro ☐ Gas ☐ Cable		
☐ Driver's License		☐ Mortgage Statement		
TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):				
STUDENT INFORMATION:				
LEGAL Name:				
	Name) (F	First Name)	(Middle Name)	
USUAL Name:				
(Last Name) (First Name) (Middle Name)			(Middle Name)	
Date of Birth: Age: Legal Gender: \square M \square F / Preferred Gender: \square M \square F \square Other				
(DD-MM-YYYY)				
Phone(s)/Email:				
(Student Home)	(Student Cell)	(Student Work – if applicable)	(Student Email)	
Address:	" 0 1	(0:1.)	(D. : D. (10.1)	
(Apt. #, Street Name) (City) (Province, Postal Code)			(Province, Postal Code)	
Mailing Address (if different from above):				
CITIZENSHIP:				
Country of Birth:	Citizen of:	Immigration Status	:	
LANGUAGE:				
First Language:	Used at Home:	Most Used:		
INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:				
☐ Inuit ☐ Metis		☐ Status-Off Reserve		
Band of Origin:	of Origin: Band of Residence:			
FORMER SCHOOL / STRONGSTART:				
		District #: Citv:		
Name of Former School: School District #: City: City: School Name:				
Has student ever attenued a mission school of strongstart frogram? - NO - 165: School name:				

PARENTS/GUARDIANS: Parent/Guardian #1.				
Relationship:	Last Name:	First Name:		
Phone(s)/Email:	(Cell)			
		(Work) (Email) D / Can Pick-Up? □ YES □ NO / Speaks English? □ YES □ NO		
Address if Different from Student's:				
Parent/Guardian #2.				
Relationship:	Last Name:	First Name:		
Phone(s)/Email:	(Cell)	(Work) (Email)		
) / Can Pick-Up? YES NO / Speaks English? YES NO		
Address if Different from Student's:				
CUSTODY:		CUSTODY-Agency Representative: (e.g., MCFD)		
Are there any legal documents in force Guardianship / Access?	e re: Custody /	☐ Continuing Custody Order ☐ Temporary Custody Order		
If YES, have you provided the school v	with a copy of these legal	If YES, have you provided the school with a copy of these legal		
documents?	☐ YES ☐ NO	documents?		
I VERIFY THAT THE INFORM	IATION CONTAINED IN 1	THIS REGISTRATION IS ACCURATE AND COMPLETE.		
Parent/Guardian Name (please print):				
Parent/Guardian Signature:		Date:		
TO BE COMPLETED BY SCHOOL AD	DMINISTRATOR:			
Registration Accepted by Administrator (please print name):				
Administrator Signature:		Date:		