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.

TO BE COMPLETED BY OFFICE: (Please ensure Proof of Age and Residency are provided and initial in allocated area)			
CATCHMENT SCHOOL:	Date:	STAFF	
Information Verified By (Staff Name):		INITIALS	
Current Year: Enrollment Date:	Grade:		
REGISTRATION DOCUMENTATION:			
Proof of Legal Guardianship:	Proof of Residency (Parent/Guardian):	Proof of Physical Address (for catchment):	
 □ Birth Certificate (LONG Version with Parent Names) □ Landed Immigrant Document □ Guardianship Order 	 □ BC Driver's License □ BC Services Card (PHN) □ ICBC Registration Document 	 □ Driver's License □ Proof of Purchase of Residence □ Municipal Tax Bill 	
☐ Income Tax Statement (Children are Declared)	☐ Rental Agreement, Accompanied With:	□ Notary Authorized Letter	
Proof of Child's Age: □ Canadian Birth Certificate / □ Passport □ Certificate of Citizenship □ Immigration Canada Documents □ Permanent Resident Card □ Indigenous Status Card □ Driver's License / BC Services Card (if over 19)	 ☐ Hydro ☐ Gas or ☐ Cable Bill ☐ Municipal Tax Bill ☐ Utility Bill ☐ Employment Pay-Slips (Current) 	 □ Rental Agreement, Accompanied With: □ Hydro □ Gas or □ Cable Bill □ Mortgage Statement 	
TO BE COMPLETED BY PARENT/GUARDIAN (this point forward):			
STUDENT INFORMATION:			
LEGAL Name: (Last Name)	(First Name)	(Middle Name)	
USUAL Name: (Last Name)	(First Name)	(Middle Name)	
Date of Birth: Age: Phone(s)/Email:	Legal Gender: 🗌 M 🔲 F / F	Preferred Gender: M F Other	
Address:	(Student Cell) (Student Work – if app		
(Apt. #, Street Name) (City) (Province, Postal Code) Mailing Address (if different from above):			
CITIZENSHIP:			
	of: Immig	gration Status:	
LANGUAGE:			
First Language: Used	d at Home:	Most Used:	
INDIGENOUS ANCESTRY: NO YES / If YES, please tick the applicable ancestry below:			
☐ Inuit ☐ Metis ☐	Non-Status Status-Off R	eserve	
Band of Origin: Band of Residence:			

FORMER SCHOOL / STRONGSTART:			
ame of Former School: School District #: City:			
Has student ever attended a Mission School or StrongStart Pro	gram? NO YES: School Name:		
PARENTS/LEGAL GUARDIANS: Parent/Legal Guardian #1.			
Relationship: Last Name:	First Name:		
Phone(s)/Email: (Home) (Cell)			
(Home) (Cell) (Work) (Email) Living with Student? □ YES □ NO / Has Custody? □ YES □ NO / Can Pick-Up? □ YES □ NO / Speaks English? □ YES □ NO			
Address if Different from Student's:			
Parent/Legal Guardian #2.			
Relationship: Last Name:	First Name:		
Phone(s)/Email: (Home) (Cell)	(Work) (Email)		
Living with Student? YES NO / Has Custody? YES NO / Can Pick-Up? YES NO / Speaks English? YES NO			
Address if Different from Student's:			
CUSTODY: Are there any legal documents in force re: Custody / Guardianship / Access?	CUSTODY-Agency Representative: (e.g., MCFD) ☐ Continuing Custody Order ☐ Temporary Custody Order If YES, have you provided the school with a copy of these legal documents? ☐ YES ☐ NO		
I VERIFY THAT THE INFORMATION CONTAINED IN THIS REGISTRATION IS ACCURATE AND COMPLETE and acknowledge that it is my responsibility to ensure I notify the school of any changes to this information.			
Parent/Legal Guardian Name (please print):			
Parent/Legal Guardian Signature:	Date:		
TO BE COMPLETED BY SCHOOL ADMINISTRATOR:			
Registration Accepted by Administrator (please print name):			
Administrator Signature:	Date:		