

REGISTRATION FORM

North Island Secondary School
Box 100, Port McNeill, BC V0N 2R0

Application Date: _____

Fax: (250) 956-2035

Phone: (250) 956-3394

STUDENT INFORMATION

USUAL LAST NAME FIRST NAME MIDDLE NAME Legal Name (as on birth certificate)

Residential Address Mailing Address City/Province Postal Code Phone

Male Female

Birth Place Home Language Birthdate (Day/Mo/Yr)

Last School Attended City/Province Date of Leaving Present Grade Level

Is Student of First Nations Ancestry? **YES** **NO**

If **YES** to above on which First Nation Band Reserve does Student reside→ _____

PARENT/GUARDIAN STUDENT LIVES WITH: (Fill in only those that apply)

Parent/Guardian #1

Full Name (Print) Signature Relation to Student Home Phone Work Phone

Mailing Address City Postal Code Fax Number E-Mail Address

Parent/Guardian#2

Full Name (Print) Signature Relation to Student Home Phone Work Phone

Mailing Address City Postal Code Fax Number E-Mail Address

EMERGENCY CONTACT

Someone who, in the absence of parent(s)/ legal guardian(s), the student can be released to the care and control of:

(If student travels by ferry or bus, please give a Pt. McNeill contact)

Full Name Relation to Student Home Phone Work Phone

HEALTH INFORMATION

Please describe any allergies/ medical problems/ physical disabilities of which the school should be aware or that might interfere with this student's learning:

For Office Use Only Student Number: _____ Locker Assignment: _____

PEN # Home Room Teacher Grade Placement Records Requested Bussing Requested