



ATTACHMENT 'A' POLICY 310

School Name _____
Student Admission Form

STUDENT INFORMATION

Gender _____
Legal Last Name _____
Legal First Name _____
Usual Last Name _____
Usual First Name _____
Middle Name(s) _____
Birth Date Day _____ Month _____ Year _____
Birth Certificate or Proof of Age Provided
Home Phone: _____

STUDENT PROPERTY ADDRESS

Street # & Name _____
Apt # _____ City _____
Postal Code _____

MAILING ADDRESS Same as Property Address?

If No, Address _____

ADMISSION INFORMATION

Admission Date _____
Grade _____ French Immersion

PREVIOUS SCHOOL/DISTRICT

Previous Town/District _____
Previous School/StrongStart _____
Phone Number _____
Reason for leaving _____

SIBLINGS: You may include siblings who are attending a different school

	1.	2.	3.	4.
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

CITIZENSHIP

Country & Province of Birth _____
First Language Spoken _____
Language Spoken at Home _____
Citizenship _____

Aboriginal Ancestry: Yes No

Status Off Reserve Metis Inuit Non-Status
Status On Reserve Band of Residence _____
DIA # _____

Custody Information: Do you have a specific custody arrangement that we should know about? If yes, please provide a copy of the court order.

PARENT/GUARDIAN

Relationship _____
Last Name _____
First Name _____
Living With Student? Same as Student Address?
Address (if different) _____

Work Phone Number _____ Available at Work?
Phone Numbers _____
Email Address _____

PARENT/GUARDIAN

Relationship _____
Last Name _____
First Name _____
Living With Student? Same as Student Address?
Address (if different) _____

Work Phone Number _____ Available at Work?
Phone Numbers _____
Email Address _____

SCHOOL DISTRICT #28 (Quesnel) School Name _____

Student Admission Form Continued

Emergency Contacts:

Note: Parents should contact all emergency contacts listed below to ensure they know they are being listed as an emergency contact.

EMERGENCY CONTACT ONE

Relationship _____

Last Name _____

First Name _____

Address _____

Home Phone # _____

Work Phone _____

Cellular Phone Number _____

May pick up student: **yes** **no**

EMERGENCY CONTACT TWO

Relationship _____

Last Name _____

First Name _____

Address _____

Home Phone # _____

Work Phone _____

Cellular Phone Number _____

May pick up student: **yes** **no**

ALTERNATE PICK UP (anyone who will be picking the student up from school – this may include daycare, babysitters or other care providers)

Contact Name _____ Contact Phone # _____

MEDICAL INFORMATION

Doctor _____ Phone _____ Care Card # _____

Allergies _____ Life Threatening?

Other Health Factors _____ Life Threatening?

If 'Yes' provide "Parent Responsibility Checklist"

Dentist _____ Phone _____

OTHER Has received: Learning Assistance? Special Needs Assistance?

BUSSING INFORMATION Does the child require bussing? Yes No

Is student pick up and drop off the same as the student property address **every day**? Yes No

If 'No', and there are multiple pick up or drop off locations required, please provide the following information:

Alternate #1-Name/Relationship _____ Alternate #2-Name/Relationship _____

Address _____ Address _____

Please specify the arrangement: _____

The District Transportation Department may contact you for additional information.

x _____

Parent/Guardian signature

Date

The information provided by you is collected for the use of school personnel and public health personnel and will not be used for any other purpose without prior approval.

SCHOOL DISTRICT NO. 28 (QUESNEL)
ATTACHMENT 'A' – POLICY 332 & 310
Allergic Shock (Anaphylaxis)
PARENT RESPONSIBILITY CHECKLIST

- Inform school staff and classroom teacher of your child's allergy.
- Ensure your child is aware of their allergy.
- Inform your child of their allergy and ways to avoid anaphylactic reactions.
- Ensure your child is aware of signs and symptoms of an anaphylactic reaction.
- Encourage your child to tell an adult if they are having an allergic reaction.
- Complete the School Emergency Procedure Plan (SEPP) and return it to the principal. Set up a time to meet with designated school staff to develop the Allergy Awareness and Prevention Plan (AAP).
- In conjunction with your physician, complete the SEPP.
- In consultation with principal, teacher and public health nurse, develop a plan (AAP) to keep your child safe from anaphylactic reactions while in school.
- Provide two current single dose, single-use auto-injectors for school use. Consult with the teacher/principal to determine where the primary and back-up single dose, single-use auto-injectors will be located.
- Inform school staff of your child's ability to carry their single dose, single-use auto-injector on their person (if they have demonstrated maturity).
- If your child is not able to carry their single dose, single-use auto-injector on their person, in consultation with teacher/principal, determine where the primary single dose, single-use auto-injector should be located.
- Provide consent which allows school staff to use a single dose, single-use auto-injector when they consider it necessary in an allergic emergency.
- Ensure your child knows where their single dose, single-use auto-injector is kept.
- Teach your child to administer their own single dose, single-use auto-injector.
- Ensure your child wears a Medical Alert bracelet or necklace.
- In consultation with classroom teacher and public health nurse determine your role in providing "allergy awareness" education for classmates.
- Notify the principal if there is a change in your child's allergy condition or treatment.

If your child has a food allergy:

- Ensure your child knows to eat only food that has been sent from home.
- Provide the school with non-perishable foods (in case child's lunch is forgotten at home) and safe snacks for special occasions.
- Be informed of strategies in place for developing an "allergy safe" classroom.
- Should communicate with school staff about field trip arrangements
- Should meet with food service staff to inquire about allergen management policies and menu items, if their child is to eat foods prepared at school.

If your child has a dual diagnosis of anaphylaxis and asthma, ensure they are educated to:

- Learn the importance of keeping their asthma under control.
- Always carry their asthma medication.
- If they are unclear as to whether they are experiencing an anaphylactic reaction or an asthma attack, the single dose, single-use auto-injector should be used first.

Parent/Guardian signature

Date