

**ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL**

1335 Dominion Avenue, Port Coquitlam, BC V3B 8G7

Phone: (604) 942-7465 Fax: (604) 942-5289 www.acrss.org

Applying for Grade: (Circle one)

GRADE: 8 9 10 11 12

NEW STUDENT APPLICATION 2021-2022**PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION IN FULL**

Archbishop Carney School is committed to ensuring the safety of all students. Information on this form is an essential component of the school's emergency response. In the event of an emergency, such as a major earthquake while your child is at school, information provided on this form will assist the school in the temporary care of your child and in making contact with you or someone authorized to act on your behalf. A FULLY completed, up-to-date copy of this form must be provided to the school as required by the Ministry of Education. Keep a completed copy of this form readily available for your reference and updating.

<u>Legal Family Name</u>	<u>Address</u>	<u>City/Postal</u>
<u>Home Phone #</u>	<u>Family Parish</u>	<u>Primary language spoken in the home</u>
<u>Father's Name</u>	<u>Father's Occupation/Employer</u>	<u>Father Cell Phone #</u>
<u>*Father's Citizenship</u>	<u>Father's Signature</u>	<u>Father Work Phone #</u>
<u>Mother's Name</u>	<u>Mother's Occupation/Employer</u>	<u>Mother Cell Phone #</u>
<u>*Mother's Citizenship</u>	<u>Mother's Signature</u>	<u>Mother Work Phone #</u>
<u>Father's Email</u>		<u>Mother's Email</u>

IN THE BOX BELOW PLEASE PROVIDE THE PRIMARY EMAIL FOR EBLASTS AND STUDENT COMMUNICATION**Primary Email:**

<u>Student Legal last name</u>	<u>Student Legal first name</u>	<u>Student Legal middle name</u>	<u>Student Usual first name</u>
<u>Gender(Male/Female)</u>	<u>Grade in 2020-2021</u>	<u>BD: day/month/year</u>	<u>Student Cell Phone #</u>
<u>Student email address</u>		<u>* CITIZENSHIP</u>	<u>If Permanent Resident, entry date to Canada</u>
<u>Place of birth</u> (if Canada, give Province; if USA, give State; if other, give country)		<u>Medical Carecard #</u>	
<input type="checkbox"/> YES <input type="checkbox"/> NO Medical Alert: If yes, explain/attach medical conditions, allergies, medication information and special instructions. Please indicate if an EpiPen is required.		<u>Medical Alert Explanation</u>	

*CITIZENSHIP: Indicate your status in Canada (Canadian Citizen, Permanent Resident/Landed Immigrant, Special Status, etc.) Native students indicate Status/Non-Status, reserve, band name and DIA number. Resident qualification is required for reporting purposes under the terms of the Independent School Support Act.

LIST ALL SIBLINGS, THEIR SCHOOL AND GRADE IN SEPTEMBER 2021

Name: _____ School: _____ Grade: _____

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Siblings con't:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

PLEASE COMPLETE BELOW IF ADDRESS OF PARENTS ARE DIFFERENT FROM STUDENT:

Father's Home Address

Mother's Home Address

Address _____

Address _____

City _____ PC _____

City _____ PC _____

STUDENT EMERGENCY CONTACTS

OTHER CONTACTS - Person to contact other than parents:

Name (In town Contact) _____ Relationship _____ Phone Number _____

Name (In town Contact) _____ Relationship _____ Phone Number _____

Name (Out of town Contact) _____ Relationship _____ Phone Number _____

Name (Doctor) _____ Phone Number _____

STUDENT RELEASE INFORMATION

In the event of a serious earthquake or other emergency, the school may implement a controlled release of students for their safety and well-being. If this is necessary, the school will only release your child to persons authorized on this form or, if necessary, to medical personnel. Alternates should preferably live within walking distance of the school – even if it's a long walk (vehicle travel may not be possible after an earthquake).

As a parent/guardian of the said named student, I authorize his/her release after an emergency to any of the Alternate Contacts listed herein if I or another parent/guardian of the student cannot be contacted or do not arrive at the school to retrieve my child within a reasonable amount of time. I also authorize the school or person to use any of the information noted herein, as necessary, in the event of an emergency.

THIS STUDENT RELEASE WILL BE IN EFFECT UNTIL THE SAID STUDENT WITHDRAWS OR GRADUATES FROM ARCHBISHOP CARNEY REGIONAL SECONDARY SCHOOL.

NAME _____ SIGNATURE _____ DATE _____
PRINT NAME

Archbishop Carney Regional Secondary School acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will store securely all electronic and hard copy personal information of parent and student.