



STUDENT REGISTRATION FORM

The information on this form is collected under the authority of the *School Act*. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.

School: Enter Name Here

Previous School: _____ City: _____ Province: _____

Student

Legal Surname: _____ Legal First Name: _____

Legal Middle Name: _____

Usual Surname: Same As Legal _____

Usual First Name: Same As Legal _____

Birth Date (DD-MM-YYYY): _____ Gender: Female Male

Present Grade: _____ If completing form for next school year: Grade in September: _____

Property Address

Street Number: _____ Street Name: _____

Apartment: _____ Municipality: _____ Province: BC _____

Postal Code: _____ Comp: _____ Lot/Site: _____ Phone: _____

Mailing Address

Same As Property, or: _____

Demographic Information

Aboriginal Ancestry: Yes No

If Yes, Status: Status On Reserve Status Off Reserve Metis Inuit Non Status

Band of Residence (if On Reserve): _____

Language at Home: English Other _____

Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant International

Citizenship: Canadian Citizen Other _____

Country of Birth: Canada Other _____

Parents

Student Living With: Both Mother Father Guardian Other: _____

Custody: Joint Other _____ Court order in effect

1 - Parent Type: Mother Father Guardian Other: _____

Surname: _____ First Name: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student Or: _____

2 - Parent Type: Mother Father Guardian Other: _____

Surname: _____ First Name: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student Or: _____

Emergency Contacts

In the event your child is ill or there is an emergency, we will attempt to contact you prior to calling emergency contacts listed below. Please **DO NOT** list yourself as an emergency contact, but rather provide us with the names of other friends or family who can pick up your child in the event of an emergency or illness.

1. Surname: _____ First Name: _____
 Relationship: _____ Home Ph.: _____
 Work Ph.: _____ Cell Ph.: _____

2. Surname: _____ First Name: _____
 Relationship: _____ Home Ph.: _____
 Work Ph.: _____ Cell Ph.: _____

3. Surname: _____ First Name: _____
 Relationship: _____ Home Ph.: _____
 Work Ph.: _____ Cell Ph.: _____

(If possible, please make contact 4 out of district)

4. Surname: _____ First Name: _____
 Relationship: _____ Home Ph.: _____
 Work Ph.: _____ Cell Ph.: _____

Medical

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Care Card Number: _____

Allergies and Health Conditions:

Life Threatening? Yes No

Indicate any special/extra classes or support that your child is currently receiving: _____

I certify that the information I have provided on this form is correct.

Parent Signature: _____ Date: _____

For Office Use Only:	Previous School's Records Requested <input type="checkbox"/>	Copy of Birth Cert. on File <input type="checkbox"/>	Copy of Freedom of Information Release on File <input type="checkbox"/>
	Pen #	Local I.D. # _____	Local ID # reported to Librarian <input type="checkbox"/>
	Demographics Printed/Added to Student Information Binder In Office <input type="checkbox"/>	Local ID # & class info reported to Comp Tech <input type="checkbox"/>	Printed Name Tag For Classroom Emergency Kit <input type="checkbox"/>
	Email Address(es) entered in FirstClass <input type="checkbox"/> Added to Parent Database		