



## Student Registration Form

### STUDENT INFORMATION

**Grade:**

**Homeroom:**

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Legal Middle Name: \_\_\_\_\_

Usual Last Name: \_\_\_\_\_

Usual First Name: \_\_\_\_\_

Usual Middle Name: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

Proof of Age: \_\_\_\_\_

(please attach to this form)

BC Services Card (CareCard) #: \_\_\_\_\_

**Legal Alert - Court Order Required:**  Yes  No

(Complete, Signed, and Stamped order to be provided for file by parent)

**Medical Alert - Life Threatening:**  Yes  No

Description: \_\_\_\_\_

\_\_\_\_\_

**Other Alerts – Non-Life Threatening**

**Medical/Family or Other:**  Yes  No

Description: \_\_\_\_\_

\_\_\_\_\_

**Other Relevant Information (if applicable):**

Legal Custody: \_\_\_\_\_

Living With: \_\_\_\_\_

Court Order:  Yes  No

Home Phone: \_\_\_\_\_

Unlisted Phone Number:  Yes  No

Physical Address: \_\_\_\_\_

RR/SS/PO Box: \_\_\_\_\_

City, Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Visa Status: \_\_\_\_\_

Visa Expiration Date: \_\_\_\_\_

Language Spoken at Home: \_\_\_\_\_

Language Most Used: \_\_\_\_\_

First Language: \_\_\_\_\_

**Indigenous Ancestry:**  Yes  No

If yes, please indicate:

Inuit  Métis  Non-Status

Status - On Reserve  Status - Off Reserve

Band of Origin: \_\_\_\_\_

Band of Residence: \_\_\_\_\_

**Previous School Information & Authorization**

**for Release of Student Records:**

Previous District & School: \_\_\_\_\_

Previous School Address: \_\_\_\_\_

Previous Grade: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Lives with Student:  Yes  No  
 Address (if different): \_\_\_\_\_

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Lives with Student:  Yes  No  
 Address (if different): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Contact Can Pick Up:  Yes  No

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Contact Can Pick Up:  Yes  No

**IN SCHOOL SIBLING INFORMATION**

	Sibling 1:	Sibling 2:	Sibling 3:	Sibling 4:	Sibling 5:
First Name:	_____				
Last Name:	_____				

**DECLARATION**

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational purposes and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

I hereby declare that the registration information provided on this document is true, correct and complete to the best of my knowledge. My signature also authorizes the release of student information & records from the previous school.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please note that there will be a My Education Parent Portal account created for parents/guardians.