



Rocky Mountain
SCHOOL DISTRICT NO. 6

SCHOOL DISTRICT #6 (Rocky Mountain) Student Registration Form

Student # _____
(office use only)

STUDENT INFORMATION

Gender (Male / Female) _____
Legal Last Name _____
Legal First Name _____
Usual First Name _____
Usual Last Name _____
Preferred First Name _____
Middle Name (s) _____
Birth Date (D/M/Y) _____
Birth Certificate Attached (Yes / No) _____
Other Proof of Age _____
Home Phone No. (250) _____
Unlisted (Yes / No) _____

ADMISSION INFORMATION

Registration Date _____
Grade _____ Homeroom _____
Cross Enrolled School _____

CITIZENSHIP, ESL & ABORIGINAL

Country, City & Province of Birth _____

Citizen of _____
Language at Home _____
English as a Second Language (Yes / No) _____
Aboriginal (Yes / No) Band _____
(Circle one): Status-On Reserve, Status-Off Reserve,
Metis, Inuit, Non-Status

PROPERTY ADDRESS

Street # & Name _____
Apt # _____
Town _____
Postal Code _____
X-Boundary (Yes / No) _____
School _____

MAILING ADDRESS

Same as Property Address? (Yes / No) _____
Address _____

PREVIOUS SCHOOL/DISTRICT

Previous District _____
Previous School _____
Phone: _____ Fax: _____

MISCELLANEOUS INFORMATION

Network/Computer Access, Acceptable
Use Policy read & signed (Yes / No) _____
Release of Information Forms
To PAC (Yes / No) _____
To Media (Yes / No) _____
For Grad (Yes / No) _____

PARENT/GUARDIAN INFORMATION

Custody _____ Living With _____ Court Access _____
Parent/Guardian
Relationship _____
Last Name _____
First Name _____
Emergency Contact (Yes / No) _____
Living With Student (Yes / No) _____
Same as Student Address (Yes / No) _____
Address (if different) _____

Place of Employment _____

Parent/Guardian
Relationship _____
Last Name _____
First Name _____
Emergency Contact (Yes / No) _____
Living With Student (Yes / No) _____
Same as Student Address (Yes / No) _____
Address (if different) _____

Place of Employment _____

Work Phone Number (250) _____
Available at Work (Yes / No)
Home Phone Number (250) _____
Unlisted (Yes / No)
Cell Phone Number (250) _____
Fax # (250) _____
Email Address _____

Work Phone Number (250) _____
Available at Work (Yes / No)
Home Phone Number (250) _____
Unlisted (Yes / No)
Cell Phone Number (250) _____
Fax # (250) _____
Email Address _____

SIBLINGS

Last Name: 1. _____ 2. _____ 3. _____ (M / F)
First Name: 1. _____ 2. _____ 3. _____ (M / F)
Relationship: 1. _____ 2. _____ 3. _____ (M / F)
Birthday (D/M/Y): 1. _____ 2. _____ 3. _____
Grade: 1. _____ 2. _____ 3. _____

EMERGENCY CONTACT INFORMATION

Last Name _____
First Name _____
Relationship _____
Address _____

Last Name _____
First Name _____
Relationship _____
Address _____

Home Phone Number (250) _____
Unlisted (Yes / No)
Work Place _____
Work Phone (250) _____
Cell Phone Number (250) _____
Pager No. (250) _____

Home Phone (250) _____
Unlisted (Yes / No)
Work Place _____
Work Phone (250) _____
Cell Phone Number (250) _____
Pager No. (250) _____

MEDICAL INFORMATION

Doctor _____ Phone _____ Care Card # _____

Life Threatening (Yes / No)

Health Factors (e.g. Allergies)

OTHER

Requires Learning Assistance: (Yes / No)

Requires Special Needs Assistance (Yes / No)

Parent/Guardian Signature

Date