



SCHOOL DISTRICT #51 (Boundary)
Student Registration Form

Date: _____

STUDENT INFORMATION

Grade: _____

Gender: Male Female Birthdate: (dd/mm/yyyy) _____

Legal First Name _____ Legal Last Name _____
Legal Middle _____

If Usual name is different: _____

Home Phone: _____ Work: _____ Cell: _____
(unlisted? yes or no)

Home Language: _____ First Language _____ Year of Graduation (office to fill out) _____

Property Address: _____

Mailing address: (if different): _____

Birth Certificate copied Care Card copied Other : _____

Country, Prov & City of Birth _____ Citizenship _____

Aboriginal Ancestry (yes or no) Status: _____ ESL (yes or no)

Internet access (yes or no) (see supplemental form for more information)

Release of Information:
To PAC (yes or no) To Media (yes or no) To Aboriginal Association (yes or no) For Grad (yes or no)

MEDICAL INFORMATION

Doctor _____ Phone _____ Care Card# _____

Health Factors (eg Allergies) _____

If health issues are they life threatening? (yes or no) Other _____

OTHER

Require Learning Assistance (yes or no)

Require Special Needs Assistance (yes or no)

NOTES: _____

Previous School Attended (name/address/ph #) attended: _____

PARENT/GUARDIAN INFO

1. Relationship: _____

First Name: _____ Last Name: _____

Living with Student? (yes or no) Same as Student's Address: (yes or no)

Address If different from students: _____

Cell #: _____ Home: _____ (unlisted? (yes or no)

Place of Employment: _____ Ph #: _____ Email address: _____

2. Relationship: _____

First Name: _____ Last Name: _____

Living with Student? (yes or no) Same as Student's Address: (yes or no)

Address If different from students: _____

Cell #: _____ Home: _____ (unlisted? (yes or no)

Place of Employment: _____ Ph #: _____ Email address: _____

FAMILY INFO

What is your family circumstance? (Check any/all that apply)

Biological family Blended family Single parent Other _____

Custody concerns? _____ If you have court custody papers please provide the school office with a copy

Siblings:

First Name	Last Name	Relationship	Birthdate (dd/mm/yyyy)	Gender

Please list anyone else living in the home: _____

EMERGENCY CONTACT INFORMATION

(two people other than parents. ie. grandparent, aunt, uncle, neighbour...)

1. Relationship _____

First Name _____ Last Name _____

Home Ph # _____ Cell # _____ Work # _____
(unlisted(yes or no)

2. Relationship _____

First Name _____ Last Name _____

Home Ph # _____ Cell # _____ Work # _____
(unlisted? (yes or no)

I confirm that I am the Legal Parent or Guardian

Parent/Guardian Signature _____ Date _____