



SCHOOL DISTRICT #51 (Boundary)
Student Registration Form

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 (dd/mmm/yyyy)
Birth Certificate or Proof of Age Attached
Other Proof of Age
Home Phone No.
Unlisted (Yes / No)

PROPERTY ADDRESS

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

MAILING ADDRESS

Same as Property Address? (Yes / No)
Address

ADMISSION INFORMATION

Registration Date
Grade Homeroom
Cross Enrolled School
Year Date
Reason

PREVIOUS SCHOOL/DISTRICT

District
Previous School
Address

MISCELLANEOUS INFORMATION

Country, City & Prov. of Birth
Citizen of
First Language
Language at Home
ESL (Yes / No)
Aboriginal Ancestors (Yes / No) Status

Internet Access (Yes / No)
Family Courier (Yes / No) Oldest Only
Release of Information Forms
To PAC (Yes / No)
To Media* (Yes / No)
For Grad (Yes / No)
To Local Aboriginal Ancestors (Yes / No)

PARENT/GUARDIAN INFORMATION

Custody

Living With Court Access

Parent/Guardian

Relationship
Last Name
First Name
Living With Student (Yes / No)
Same as Student Address (Yes / No)
Address (if different)

Parent/Guardian

Relationship
Last Name
First Name
Living with Student (Yes / No)
Same as Student Address (Yes / No)
Address (if different)

Place of Employment
Work Phone Number
Available at Work (Yes / No)
Home Phone Number
Unlisted (Yes / No)
Cellular Phone Number
Fax #
Email Address

Place of Employment
Work Phone Number
Available at Work (Yes / No)
Home Phone Number
Unlisted (Yes / No)
Cellular Phone Number
Fax #
Email Address

*Yearbook/Gazette taking image @ school play

SIBLINGS

Last Name	1. _____	2. _____	3. _____	4. _____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthday (dd/mmm/yyyy)	_____	_____	_____	_____
Gender	(M / F)	(M / F)	(M / F)	(M / F)

EMERGENCY CONTACT INFORMATION

Relationship _____	Relationship _____
Last Name _____	Last Name _____
First Name _____	First Name _____
Address _____	Address _____
_____	_____
Home Phone Number _____	Home Phone Number _____
Unlisted (Yes / No) _____	Unlisted (Yes / No) _____
Email Address _____	Email Address _____
Work Place _____	Work Place _____
Work Phone _____	Work Phone _____
Fax # _____	Fax # _____
Cellular Phone Number _____	Cellular Phone Number _____
Pager No. _____	Pager No. _____

MEDICAL INFORMATION

Doctor _____ Phone _____ Care Card# _____
Life Threatening? (Yes / No) Other _____
Health Factors (eg Allergies) _____

OTHER

Require Learning Assistance (Yes / No) _____
Require Special Needs Assistance (Yes / No) _____

MEMO

Parent Signature

Date