



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

MAILING ADDRESS

Same as Property Address? (Yes / No)
Address

ADMISSION INFORMATION

Registration Date
Grade Homeroom
Proof of BC Residency (eg. Copy of Utility bill, rental Agreement, etc.)

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)

Release of Information Forms

Personal Information Consent Form Signed & Returned? (Yes / No)
Outside Media in Schools Consent Form Signed & Returned? (Yes / No)

PARENT/GUARDIAN INFORMATION

Custody
*If student is NOT living with a parent, a copy of legal guardianship order must be provided.
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
Email Address

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

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 _____
Email Address _____	Email Address _____
Work Place _____	Work Place _____
Work Phone _____	Work Phone _____
Cellular Phone Number _____	Cellular Phone Number _____

MEDICAL INFORMATION

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

*if new resident to BC, a copy of the MSP/BC Care Card application must be provided

OTHER

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

MEMO

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 program 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.

Parent Signature

Date