



SCHOOL DISTRICT #51 (Boundary)
Student Registration Form - BWCS



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
Teacher

PREVIOUS SCHOOL/DISTRICT

District
Province
Previous School
Address

MISCELLANEOUS INFORMATION

Country & Province 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/Internet\* ( Yes / No )
For Grad ( Yes / No )
To Local Aboriginal Association (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/mm/yyyy)	_____	_____	_____	_____
Gender	( M / F )	( M / F )	( M / F )	( M / F )

**EMERGENCY CONTACT INFORMATION**

<b>Relationship</b> _____	<b>Relationship</b> _____
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 _____
Cellular Phone Number _____	Cellular Phone Number _____

**MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Care Card# \_\_\_\_\_

Life Threatening? ( Yes / No ) Other \_\_\_\_\_

Health Factors (eg Allergies, chronic medical condition) \_\_\_\_\_

\_\_\_\_\_

**OTHER**

Require Learning Assistance ( Yes / No ) \_\_\_\_\_

Require Special Needs Assistance ( Yes / No ) \_\_\_\_\_

X \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEMO**

\_\_\_\_\_

**CONSENTS SIGNED?:**

- Outside Media
- Personal Information
- Student file release