

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

		Date:						
STUDENT INFOR	RMATION	Grade:						
Gender: Male	Female	Birthdate: (dd/mm/yyyy)						
<b>Legal</b> First Name		Legal Last Name						
	Legal Middle							
<i>If</i> Usual name is diffe	erent:							
Home Phone:	Work:	Cell:						
(unlist	:ed? yes or no )							
Home Language:	First Language	Year of Graduation (office to fill out)						
Property Address:								
Mailing address: (if d	lifferent):							
Birth Certificate copi	ied Care Card copied	Other :						
Country, Prov & City	City of Birth Citizenship							
Aboriginal Ancestry (	(yes or no ) Status:	ESL (yes or no	)					
Internet access (yes	or no ) (see supplemental	l form for more information)						
Release of Information To PAC(yes or no		original Association ( yes or no ) For Grad ( yes or no )						
MEDICAL INFOR	<u>kMATION</u>							
Doctor	Phone	Care Card#						
		Care Card#	_					
Health Factors (eg Al								
Health Factors (eg Al  If health issues are th	llergies)							
Health Factors (eg Al  If health issues are th  OTHER	llergies)		  					
Health Factors (eg Al  If health issues are the OTHER  Require Learning As	llergies)hey life threatening? (yes or no							

## **PARENT/GUARDIAN INFO**

1. Relationship:							
First Name:							
Living with Student? (ye	es or no ) Sai	me as Student's A	ddress: (yes	or no )			
Address If different from	n students:						
Cell #:		Home:			(unlisted?	(yes	or no
Place of Employment: _		Ph #:	Er	mail address: _			
2. Relationship:							
First Name:		Last !	Name:				
Living with Student? (ye	es or no ) Sar	me as Student's A	ddress: (yes	or no )			
Address If different from	n students:			<del></del>			
Cell #:		Home:			(unlisted?	(yes	or no
Place of Employment: _		Ph #:	Er	mail address: _			
Biological family  Custody concerns?  Siblings:	Blended family	0 1		rs please provid			
First Name	Last Name	Relation	ship E	Birthdate (dd/m	ım/yyyy)	(	Gender
Please list anyone else l  EMERGENCY CONT (two people other than    1. Relationship  First Name	TACT INFORMAT parents. ie. grandpar	<b>TION</b> rent, aunt, uncle, i	neighbour)				
Home Ph #(unliste	:ed(yes or no )	Ceii #		WUIN#			
2. Relationship							
First Name			Last Name				
Home Ph #(unlisted?	i? (yes or no )	Cell #		Work #			
	t I am the Legal Paren			Date			