



School District 51 (Boundary)
StrongStart Student Registration Form

The information collected on this form will be protected consistent with the Freedom of Information and Protection Act.

Requested School:

STUDENT INFORMATION	ADDRESS INFORMATION
Gender Male Female Other Gender Identity _____ Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Usual Last Name _____ Preferred First _____ Date of Birth _____ Indigenous Ancestry? Y N <div style="margin-left: 20px;"> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Canada documents <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Status (Status Card) </div> Main Phone _____ Unlisted Y N	Street Address _____ _____ Apt. No. _____ City _____ BC Postal Code _____ Proof of Residency <input type="checkbox"/> _____ Mailing Address (if different from above) _____ _____ Last School Attended _____ City & Province _____

PARENTS/GUARDIANS <small>(extra sheets are available if needed)</small>	PARENTS/GUARDIANS
First Name _____ Last Name _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Relationship to Student _____ Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____	First Name _____ Last Name _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Relationship to Student _____ Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____

CUSTODY/GUARDIANSHIP/ACCESS

Are there any legal documents in force re: custody/guardianship/access? Y ☐ N ☐

If so, please briefly explain _____

Have you provided a copy of these legal documents to the school? Y ☐ N ☐

EMERGENCY CONTACT INFORMATION #1

First Name _____

Last Name _____

Relationship to Student _____

Contact can pick up Student: Y ☐ N ☐

Main Phone _____

Cell Phone _____

Email _____

Work Phone _____

EMERGENCY CONTACT INFORMATION #2

First Name _____

Last Name _____

Relationship to Student _____

Contact can pick up Student: Y ☐ N ☐

Main Phone _____

Cell Phone _____

Email _____

Work Phone _____

SIBLING INFORMATION

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Last Name				
First Name				
Relationship				
Date of Birth DD/Month/Year				
School				
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

MEDICAL INFORMATION

Care Card Number _____

Allergies and Conditions _____

Are any of these conditions life threatening? Y ☐ N ☐

Life Threatening Condition _____