



School District 51 (Boundary)
StongStart 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
<p>Gender Male Female Other</p> <p>Gender Identity _____</p> <p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Legal Middle Name _____</p> <p>Usual Last Name _____</p> <p>Preferred First _____</p> <p>Date of Birth _____</p> <p>Indigenous Ancestry? Y N</p> <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> <p>Main Phone _____</p> <p>Unlisted Y N</p>	<p>Street Address _____</p> <p>_____ Apt. No. _____</p> <p>City _____ BC</p> <p>Postal Code _____</p> <p>Proof of Residency <input type="checkbox"/> _____</p> <p>Mailing Address (if different from above)</p> <p>_____</p> <p>_____</p> <p>Last School Attended _____</p> <p>City & Province _____</p>

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

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 _____