



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
X-Boundary ( Yes / No )
School

MAILING ADDRESS

Same as Property Address? ( Yes / No )
Address

ADMISSION INFORMATION

Registration Date
Grade Homeroom
Cross Enrolled School
Year Date
Reason

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 )
Family Courier ( Yes / No ) Oldest Only
Release of Information Forms
To PAC ( Yes / No )
To Media\* ( Yes / No )
For Grad ( Yes / No )
To Local Aboriginal Ancestors ( 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/mmm/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 _____            |
| Fax # _____                 | Fax # _____                 |
| Cellular Phone Number _____ | Cellular Phone Number _____ |
| Pager No. _____             | Pager No. _____             |

**MEDICAL INFORMATION**

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

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

Health Factors (eg Allergies) \_\_\_\_\_

\_\_\_\_\_

**OTHER**

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

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

**MEMO**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
Date