

City Central Learning Centre Student Re-registration Form

Please fill out the **Student** box as well as any other information that may have changed from last year.

*****PLEASE PRINT CLEARLY*****

OFFICE USE ONLY		Receipt # _____
File: _____	Classification: _____	Carry: _____
Withdrawal Form _____	Grad Program _____	
Grade: _____	Start Date: _____	
Session: am pm all day evening		
Course(s): _____		
Mentor: _____ / _____		

STUDENT	
Pupil No. _____	Gender _____ (M/F)
Legal Last Name _____	
Legal First Name _____	
Usual Last Name _____	
Preferred First Name _____	
Legal Middle Name _____	
Birth Date _____	Age _____
Proof Of Age _____	
Home Phone No. _____	Unlisted _____ (Y/N)
Student Cell _____	
Student Email _____	

PROPERTY ADDRESS	
House # & Street _____	Apt # _____
City _____	Prov. _____
Postal Code _____	X-Boundary _____ (Y/N)
Proof Of Address _____	
Mailing Address Same as Property Address? _____ (Y/N)	If Different... _____

PREVIOUS SCHOOL/ DISTRICT	
District _____	Have you withdrawn? _____
Name of School _____	
Province/Country _____	

CITIZENSHIP INFORMATION	
Country of Birth _____	
City _____	Province _____
Citizen of _____	
Citizenship Status _____	
Language at HOME _____	

ABORIGINAL ANCESTRY INFORMATION	
<input type="checkbox"/> Inuit	
<input type="checkbox"/> Metis	
<input type="checkbox"/> Non-Status	
<input type="checkbox"/> Status-Off Reserve	
<input type="checkbox"/> Status-On Reserve	
Band of Residence Name _____	DIA# _____

Session – Choose one			
AM _____ (8:50-11:55 am)	PM _____ (12:35-3:40 pm)	EVE _____ (6:00-9:00 pm – Mon & Wed)	

PARENT / GUARDIAN	
Custody _____	Living with _____
Court Access _____	

Relationship _____	
(Parent: Mother/Father or Guardian)	
Last Name _____	
First Name _____	
Living with Student _____ (Y/N)	Emergency Contact _____ (Y/N)
Address if Different _____	
Speaks English _____ (Y/N) If No Language: _____	
Work Tele. _____	Cellular _____
Home Tele. _____	Interpreter Req. _____ (Y/N)
E-Mail _____	

Relationship _____	
(Parent: Mother/Father or Guardian)	
Last Name _____	
First Name _____	
Living with Student _____ (Y/N)	Emergency Contact _____ (Y/N)
Address if Different _____	
Speaks English _____ (Y/N) If No Language: _____	
Work Tele. _____	Cellular _____
Home Tele. _____	Interpreter Req. _____ (Y/N)
E-Mail _____	