

**Student Registration Form  
City Central Learning Centre  
2012-2013**

**\*\*\*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District \_\_\_\_\_ Have you withdrawn?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**

Inuit

Metis

Non-Status

Status-Off Reserve

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 \_\_\_\_\_

**Living Situation:** Please check one

\_\_\_\_\_ alone      \_\_\_\_\_ with one parent      \_\_\_\_\_ foster home      Other: \_\_\_\_\_  
\_\_\_\_\_ with friends      \_\_\_\_\_ with two parents      \_\_\_\_\_ group home      \_\_\_\_\_

**Government Agencies:** Please indicate any other agencies involved in your life.

\_\_\_\_\_ Social Services      \_\_\_\_\_ Probation      \_\_\_\_\_ ADEPT  
\_\_\_\_\_ Min. Child&Fam.      \_\_\_\_\_ Reconnect      \_\_\_\_\_ Mental Health

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ **\*\*\*Please Provide if indicated above**

**EMERGENCY CONTACTS**

1. Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship \_\_\_\_\_ (Relative/Neighbour)  
Home Tele. \_\_\_\_\_ Work Tele. \_\_\_\_\_  
Cellular \_\_\_\_\_

2. Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship \_\_\_\_\_ (Relative/Neighbour)  
Home Tele. \_\_\_\_\_ Work Tele. \_\_\_\_\_  
Cellular \_\_\_\_\_

3. Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship \_\_\_\_\_ (Relative/Neighbour)  
Home Tele. \_\_\_\_\_ Work Tele. \_\_\_\_\_  
Cellular \_\_\_\_\_

4. Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship \_\_\_\_\_ (Relative/Neighbour)  
Home Tele. \_\_\_\_\_ Work Tele. \_\_\_\_\_  
Cellular \_\_\_\_\_

**MEDICAL**

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_ Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_  
Care Card # \_\_\_\_\_  
Allergies and Health Conditions \_\_\_\_\_  
Life Threatening \_\_\_\_\_ (Y/N) Other \_\_\_\_\_  
Epi Pen \_\_\_\_\_(Y/N) Anaphylaxis Alert Form \_\_\_\_\_(Y/N) Medical Alert Info & Care Plan Completed \_\_\_\_\_(Y/N)

**Courses to be taken at the Learning Centre:** \_\_\_\_\_  
\_\_\_\_\_

**PROGRAMS**

Has the student been tested for  
Special Education \_\_\_\_\_ (Y/N) English as a Second Language \_\_\_\_\_ (Y/N) Gifted \_\_\_\_\_ (Y/N)  
Copy of Immunization Record \_\_\_\_\_ (Y/N)

**NOTES**

**On occasion, the school may need to send your child home due to illness or for failure to meet the school's code of conduct. In the event that the school is unable to reach someone at home, I grant the school permission to send my child, \_\_\_\_\_ home. Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_**

I certify that the information on this form is correct. It is the responsibility of the parent to inform us of any changes.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting; demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.