

Date: _____	<b>OFFICE USE ONLY</b>	Enrollment Date: _____
YOG: _____ Pupil #: _____ PEN: _____	International? <input type="checkbox"/> Funded <input type="checkbox"/> Non-Funded	Aboriginal? _____ <input type="checkbox"/> TCO/CCO?
Registration Documentation: <input type="checkbox"/> Student Proof of Birthdate: _____ <input type="checkbox"/> Parent Photo ID <input type="checkbox"/> Student Proof of Citizenship: _____		
<input type="checkbox"/> Parent Proof of Citizenship: _____ <input type="checkbox"/> Proof of Guardianship: _____ <input type="checkbox"/> Proof of Residence: _____		
Additional Documents: <input type="checkbox"/> CareCard Number Forms: <input type="checkbox"/> Medical Alert Form <input type="checkbox"/> Media Release Form		

Staff Initial

**PLEASE PRINT CLEARLY**

**Have you ever registered at a StrongStart Centre site?**  Yes  No

**STUDENT INFORMATION**

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ PREFERRED Last Name: \_\_\_\_\_  
 Legal First Name: \_\_\_\_\_ PREFERRED First Name: \_\_\_\_\_  
 Legal Middle Name(s): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**PROPERTY ADDRESS**

Unit #: \_\_\_\_\_ Street # and Name: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**CITIZENSHIP**

Country of Birth: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_  
 Citizen of: \_\_\_\_\_ Citizenship Status: \_\_\_\_\_  
 If applicable, Visa Status: \_\_\_\_\_ Visa Exp. Date: \_\_\_\_\_ B.C. Entry Date: \_\_\_\_\_  
 Home Language: \_\_\_\_\_ Language Most Used: \_\_\_\_\_ First Language: \_\_\_\_\_

**ABORIGINAL ANCESTRY**

YES  NO If YES:  Inuit  Metis  First Nations If First Nations:  Non-Status  Status – Off Reserve  Status – On Reserve  
 If known, what is your Band of Origin: \_\_\_\_\_ If you reside on band land, Band of Residence: \_\_\_\_\_

**MEDICAL INFORMATION**

CareCard #: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Allergies/Health Conditions: \_\_\_\_\_  
 Life Threatening?: \_\_\_\_\_ Other: \_\_\_\_\_  
 Additional Health Information: \_\_\_\_\_

**CUSTODY INFORMATION**

Custody: Both Parents  Yes  No If no, please indicate custody: \_\_\_\_\_  
 Custody Order?:  Yes  No (If Yes, copy is required) Student Living With: \_\_\_\_\_

**PARENT/GUARDIAN CONTACT(S)**

<p><b>Contact #1</b> Relationship: _____          First Name: _____          Last Name: _____          Home Phone: _____ Cell: _____          Work phone: _____          Email: _____          Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No          Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No          Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____          Address if different: _____</p>	<p><b>Contact #2</b> Relationship: _____          First Name: _____          Last Name: _____          Home Phone: _____ Cell: _____          Work phone: _____          Email: _____          Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No          Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No          Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____          Address if different: _____</p>
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## EMERGENCY CONTACT(S) (Other than Parent/Guardian)

<b>Contact #3</b> Relationship: _____ First Name: _____ Last Name: _____ Home Phone: _____ Cell: _____ Work phone: _____ Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____	<b>Contact #4</b> Relationship: _____ First Name: _____ Last Name: _____ Home Phone: _____ Cell: _____ Work phone: _____ Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____
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## SIBLING(S)

Do you have older siblings enrolled in a Surrey School?  Yes  No

<b>Sibling #1</b> Relationship: _____ Name: _____ Gender: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____	<b>Sibling #2</b> Relationship: _____ Name: _____ Gender: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____
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## VERIFICATION – PARENT/GUARDIAN

I certify that the information on this form is correct.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date:

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

*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.*