



**School District #36 (Surrey)**  
**Student Registration Form**  
*Insert Your School Name Here*

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

**\*\*OFFICE USE ONLY**

Registration Date: \_\_\_\_\_ Grade \_\_\_\_\_  
 Aboriginal Ancestry Yes  Package Given to Parent/Guardian \_\_\_\_\_  
 Citizenship \_\_\_\_\_ Parent \_\_\_\_\_ Student \_\_\_\_\_  
 Proof of Address \_\_\_\_\_ Previous Report Card \_\_\_\_\_  
 Immunization \_\_\_\_\_ ESL Test Required \_\_\_\_\_

**STUDENT**

Pupil No. \_\_\_\_\_ Gender \_\_\_\_\_ (M/F)  
 Legal Last Name \_\_\_\_\_  
 Legal First Name \_\_\_\_\_  
 Usual Last Name \_\_\_\_\_  
 Preferred First Name \_\_\_\_\_  
 Middle Name \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
 Proof Of Age \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_ Unlisted \_\_\_\_\_ (Y/N)

**PROPERTY ADDRESS**

Street # & Name \_\_\_\_\_ 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 \_\_\_\_\_  
 Name of School \_\_\_\_\_  
 Province/Country \_\_\_\_\_ School Language \_\_\_\_\_

**IMMIGRATION / MISCELLANEOUS**

Country of Birth \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_  
 Citizen of \_\_\_\_\_  
 Immigration Status \_\_\_\_\_  
 Entry Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Language \_\_\_\_\_  
 Language at HOME \_\_\_\_\_

**ABORIGINAL ANCESTRY INFORMATION**

YES  NO

- Inuit
- Metis
- Non-Status
- First Nation Status-Off Reserve
- First Nation Status-On Reserve

Band of Residence Name \_\_\_\_\_ DIA# \_\_\_\_\_

**\*\*Information package to be given to families who indicate Yes.**

**OTHER FORMS & INFORMATION (Office Use ONLY)**

Internet Access \_\_\_\_\_ (Y/N)  
 Permission to Walk Home \_\_\_\_\_ (Y/N)  
 Release Student Data \_\_\_\_\_  
 Outside of the district \_\_\_\_\_ (Y/N)  
 Media Release \_\_\_\_\_ (Y/N)  
 Care Card # on File \_\_\_\_\_ (Y/N)  
 Request for Records complete \_\_\_\_\_ (Y/N)  
 Course Selection \_\_\_\_\_ (Y/N)  
 Volunteer Driver Form \_\_\_\_\_ (Y/N)  
 Medical Alert Complete \_\_\_\_\_ (Y/N)

**EMERGENCY CLOSURE**

- Call Emergency Contact
- Call Home/Parent
- Retain at School
- Send Home
- Send to Daycare

Interpreter Required \_\_\_\_\_ (Y/N)

Locker Assigned \_\_\_\_\_ (Y/N)

**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) Other Language: \_\_\_\_\_  
 Work Tele. \_\_\_\_\_ Cellular \_\_\_\_\_  
 Home Tele. \_\_\_\_\_ 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) Other Language: \_\_\_\_\_  
 Work Tele. \_\_\_\_\_ Cellular \_\_\_\_\_  
 Home Tele. \_\_\_\_\_ E-Mail \_\_\_\_\_

**SIBLINGS**

Pupil No.	1. _____	2. _____	3. _____
Name	_____	_____	_____
Relationship	_____	_____	_____
	_____ Age _____ Grade	_____ Age _____ Grade	_____ Age _____ Grade
Gender	_____ (M/F)	_____ (M/F)	_____ (M/F)
School	_____	_____	_____

**EMERGENCY CONTACTS**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_ (Relative/Neighbour)

Home Tele. \_\_\_\_\_ Work Tele. \_\_\_\_\_

E-Mail \_\_\_\_\_ Cellular \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_ (Relative/Neighbour)

Home Tele. \_\_\_\_\_ Work Tele. \_\_\_\_\_

E-Mail \_\_\_\_\_ Cellular \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_ (Relative/Neighbour)

Home Tele. \_\_\_\_\_ Work Tele. \_\_\_\_\_

E-Mail \_\_\_\_\_ Cellular \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_ (Relative/Neighbour)

Home Tele. \_\_\_\_\_ Work Tele. \_\_\_\_\_

E-Mail \_\_\_\_\_ Cellular \_\_\_\_\_

**MEDICAL**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Allergies / Health Conditions: \_\_\_\_\_

Life Threatening: \_\_\_\_\_ (Y/N) Other: \_\_\_\_\_

Other Health Factors: \_\_\_\_\_

**TRANSPORTATION**

As per Board Policy does this student qualify for Bussing? \_\_\_\_\_ (Y/N)

**PROGRAMS**

Has the student been tested for:

Special Education \_\_\_\_\_ (Y/N) English as a Second Language \_\_\_\_\_ (Y/N) Gifted \_\_\_\_\_ (Y/N)

Kindergarten: Prefer AM \_\_\_\_\_ PM \_\_\_\_\_ Full Day \_\_\_\_\_

Number of Registration Form OR Date & Time: \_\_\_\_\_ Copy of Immunization Record \_\_\_\_\_ (Y/N)

**NOTES**

I certify that the information on this form is correct.

\_\_\_\_\_  
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.