

School District #36 (Surrey)
Student Registration Form - ELEMENTARY
School: _____

****PLEASE PRINT CLEARLY****

| | |
|----------------------------|----------------------|
| 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) |

| | |
|------------------------------------|----------------|
| IMMIGRATION / MISCELLANEOUS | |
| Country of Birth _____ | Province _____ |
| City _____ | |
| Citizen of _____ | |
| Immigration Status _____ | |
| Entry Date _____ | |
| Expiration Date _____ | |
| Language _____ | |
| Language at HOME _____ | |

| | |
|--|-------|
| 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) |

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 _____ |

| | |
|--|----------------------------|
| **OFFICE USE ONLY | |
| Registration Date: _____ | Grade _____ |
| Citizenship _____ | Parent _____ Student _____ |
| Proof of Address _____ | Previous Report Card _____ |
| Immunization _____ | |
| ESL Test Required _____ | |
| Space for you to add information you may require _____ | |

| | |
|-------------------------|---------------------------------------|
| 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 _____ |

| | |
|---|--|
| 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 _____ | |
| Band of Residence Number _____ | |

| | |
|---|-------|
| EMERGENCY CLOSURE | |
| <input type="checkbox"/> Call Emergency Contact | |
| <input type="checkbox"/> Call Home/Parent | |
| <input type="checkbox"/> Retain at School | |
| <input type="checkbox"/> Send Home | |
| <input type="checkbox"/> Send to Daycare | |
| Interpreter Required _____ | (Y/N) |
| Locker Assigned _____ | (Y/N) |

| | |
|--|-------------------------------|
| 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.