

PLEASE PRINT CLEARLY

STUDENT

Legal Last Name _____ Gender _____
 Legal First Name _____
 Birth Date _____ Age _____
 Proof of Age _____
 Usual Last Name (if different than Legal) _____
 Preferred First Name _____
 Middle Name _____
 Home Phone _____ Unlisted (Y/N) _____

OFFICE USE ONLY

Pupil# _____
 PEN# _____

YEAR OF GRAD _____ REGISTRATION DATE _____
 Grade _____ Aboriginal Ancestry - (if Yes, info package provided? ___)
 Citizenship Parents: _____ Student _____ Guardianship _____
 Proof of Address(3X) _____
 ESL Test Required _____
 Medical Alert Complete _____ (Y/N)
 Care Card # on File _____ (Y/N)
 Immunization Records _____ (Y/N)
 Media/Photos Release _____ (Y/N)
 Digital Portfolio Permission _____ (Y/N)
 Request for Records complete _____ (Y/N)
 Home Language Survey _____ (Y/N)

PROPERTY ADDRESS

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

PREVIOUS SCHOOL/DISTRICT

District _____ School Fax/Phone: _____
 Name of School _____
 City: _____ 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 *Info package provided if yes* NO
 Inuit Metis Non-Status 1st Nation Status-OFF Reserve
 1st Nation Status-ON Reserve
 Band of Residence Name _____ DIA# _____

CUSTODY

Custody/Guardianship _____
 Living with _____
 Court Access _____
 Custody Order ? _____ (Y/N)

EMERGENCY CLOSURE

Call Emergency Contact _____
 Call Home/Parent _____
 Retain at School _____ *Please check one*
 Send Home _____
 Send to Daycare _____
 Interpreter Required _____ (Y/N) Language: _____

PARENT/GUARDIAN - RELATIONSHIP

Last Name _____ First Name _____
 Home Tel. _____ Cell _____ Work _____
E-Mail _____
 Living with Student _____ (Y/N) Speaks English _____ (Y/N) Other Lang. _____
 Address if Different _____

PARENT/GUARDIAN - RELATIONSHIP

Last Name _____ First Name _____
 Home Tel. _____ Cell _____ Work _____
E-Mail _____
 Living with Student _____ (Y/N) Speaks English _____ (Y/N) Other Lang. _____
 Address if Different _____

PLEASE PRINT CLEARLY

CONTACT # 3 - RELATIONSHIP

Last Name _____ First Name _____
 Home Tel. _____ Cell _____ Work _____
 E-Mail _____
 Living with Student ____ (Y/N) Speaks English ____ (Y/N) Other Lang. ____
 Address if Different _____

CONTACT #4 - RELATIONSHIP

Last Name _____ First Name _____
 Home Tel. _____ Cell _____ Work _____
 E-Mail _____
 Living with Student ____ (Y/N) Speaks English ____ (Y/N) Other Lang. ____
 Address if Different _____

SIBLINGS

Sibling No.1	Sibling No.2	Sibling No.3
Name _____	Name _____	Name _____
Relationship _____	Relationship _____	Relationship _____
Age _____ Date of Birth _____	Age _____ Date of Birth _____	Age _____ Date of Birth _____
Gender _____ Grade _____	Gender _____ Grade _____	Gender _____ Grade _____

MEDICAL

Care Card # _____

Allergies / Health Conditions _____

Life Threatening: ____ (Y/N) Other: _____

Doctor's Name _____ Phone _____

Dentist: _____ Phone _____

Immunization record _____

Other Health Factors _____

PROGRAMS

Has the student received testing for any of the following:

Special Education ____ (Y/N) Date tested _____

ESL (English as Second Language) ____ (Y/N) Date tested _____

Gifted ____ (Y/N) Date tested _____

Other _____

TRANSPORTATION / SCHOOL BUS

(Student qualifies as per Board Policy?) ____ (Y/N)

Notes

VERIFICATION—PARENT/GUARDIAN

I certify the information provided on this form to be correct.

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, enrollment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.