

Student Registration Form
Serpentine Heights Elementary School

****PLEASE PRINT CLEARLY****

****OFFICE USE ONLY** Grade _____ Div: _____

Registration Date: _____ Registration Time: _____

Start Date: _____ Out of Catchment _____

Proof of Birth ___ Care Card ___ Immunization ___
 Proof of Address ___ Citizenship Parent ___ Student ___
 Guardianship ___ Medical Alert ___ ESL Test Required ___

STUDENT 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... _____

CITIZENSHIP / LANGUAGE

Country of Birth _____

City _____ Province _____

Citizen of _____

Language _____

Language at HOME _____

Interpreter Required _____ (Y/N)

ABORIGINAL ANCESTRY INFORMATION Yes _____ No _____

Inuit

Metis

Non-Status

First Nation Status-Off Reserve

First Nation Status-On Reserve

Band of Residence Name _____ DIA # _____

Aboriginal Information pkg given _____

PREVIOUS SCHOOL

District _____

Name of School _____ City _____ Province/Country _____

PARENT / GUARDIAN

Custody _____ Living with _____ Custody Documents _____

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) Home #: _____

Work #. _____ Cell #: _____

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) Home #: _____

Work #. _____ Cell# _____

E-Mail _____

SIBLINGS (SCHOOL AGED)

Name	_____	_____	_____
Relationship	_____ (M/F)	_____ (M/F)	_____ (M/F)
Date of Birth	_____	_____	_____
School	_____	_____	_____

EMERGENCY CONTACTS (OTHER than parents) (Minimum 2)

Last Name _____
First Name _____
Relationship _____
Home #. _____ Work #. _____
Cell # _____ English Speaking ____ (Y/N)

Last Name _____
First Name _____
Relationship _____
Home #. _____ Work # _____
Cell # _____ English Speaking ____ (Y/N)

Last Name _____
First Name _____
Relationship _____
Home #. _____ Work #. _____
Cell # _____ English Speaking ____ (Y/N)

Last Name _____
First Name _____
Relationship _____
Home # _____ Work # _____
Cell # _____ English Speaking ____ (Y/N)

MEDICAL
Doctor's Name: _____ Phone: _____ Care Card #: : _____
Allergies / Health Conditions: _____
Life Threatening: _____ (Y/N) Other: _____ Medical Alert Form: _____
Medication: _____
Other Health Factors: _____

PROGRAMS
Has the student been tested for:
Special Education _____ (Y/N) English as a Second Language _____ (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.