

Student Registration Form
Serpentine Heights Elementary School
****PLEASE PRINT CLEARLY****

**OFFICE USE ONLY	Kindergarten	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
<input type="checkbox"/> Inuit
<input type="checkbox"/> Metis
<input type="checkbox"/> Non-Status
<input type="checkbox"/> First Nation Status-Off Reserve
<input type="checkbox"/> 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)
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.