



**School District #36 (Surrey)  
Student Registration Form  
JAMES ARDIEL ELEMENTARY**

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

**\*\*OFFICE USE ONLY\*\***

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

**STUDENT IDENTIFICATION**

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)**

*Outside of the district* \_\_\_\_\_ (Y/N)  
*Care Card # on File* \_\_\_\_\_ (Y/N)  
*Request for Records complete* \_\_\_\_\_ (Y/N)  
*Medical Alert Complete* \_\_\_\_\_ (Y/N)

**EMERGENCY CLOSURE**

Call Emergency Contact  
 Call Home/Parent  
 Send Home  
 Send to Daycare

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

**PARENT / GUARDIAN**

Custody \_\_\_\_\_ Living with \_\_\_\_\_ Court Access \_\_\_\_\_

**Relationship** Parent: Mother/Father or Guardian (*Circle One*)

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 (*Circle One*)

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 \_\_\_\_\_

**(PLEASE ATTACH COURT ORDER)**

**SIBLINGS**

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

**EMERGENCY CONTACTS (ONLY LIST CONTACTS THAT CAN PICK UP YOUR CHILD IF NECESSARY)****CALL 1<sup>ST</sup> (AFTER PARENT IS CALLED)**

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

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

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

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

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

**CALL 3<sup>RD</sup>**

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

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

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

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

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

**CALL 2<sup>ND</sup>**

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

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

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

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

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

**CALL 4<sup>TH</sup>**

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: \_\_\_\_\_

**PROGRAMS**

Has the student been tested for:

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

**NOTES****I certify that the information on this form is correct.**

\_\_\_\_\_

**Parent / Guardian Signature**

\_\_\_\_\_

**Date**