



SCHOOL DISTRICT #36 (SURREY) INTERIM STUDENT REGISTRATION FORM

SCHOOL: _____

SCHOOL YEAR: _____

Due to COVID-19 social distancing guidelines currently in place, in-person registration is not available at this time. As a temporary measure, all school registration will be completed online.

Please note: In view of the COVID-19 pandemic, the School District will accept electronic copies of documents for the purposes of new registrations. However, in order to appropriately verify documentation, the original copies of documentation need to be presented at the school on the first day that in person classes resume, and that all registrations are granted on a provisional basis until this has been done.

Follow these steps for school registration:

1. Identify your catchment school using the [School Locator](#) tool
2. Complete this form and email it to registration@surreyschools.ca
3. Once this form is received the school will contact you directly with information regarding required documentation, timelines and acceptance

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Gender: _____ Birth Date: _____ Age: _____
 Legal Last Name: _____ PREFERRED Last Name: _____
 Legal First Name: _____ PREFERRED First Name: _____
 Legal Middle Name(s): _____ Home Phone Number: _____
 Student Cell Phone: _____ Student Email: _____

PROPERTY ADDRESS

Unit #: _____ Street # and Name: _____
 City: _____ Province: _____ Postal Code: _____
 Mailing Address – Same as Property Address? Yes No: _____

CITIZENSHIP

Country of Birth: _____ City: _____ Prov: _____
 Citizen of: _____ Citizenship Status: _____
 If applicable, Visa Status: _____ Visa Exp. Date: _____ B.C. Entry Date: _____
 Home Language: _____ Language Most Used: _____ First Language: _____

ABORIGINAL ANCESTRY

YES NO (Info package provided if yes) I understand that Aboriginal Ancestry entitles my child to receive enhanced service (see info package)

If YES: Inuit Metis First Nations If First Nations: Non-Status Status – Off Reserve Status – On Reserve

If known, what is your Band of Origin: _____ If you reside on band land, Band of Residence: _____

PREVIOUS SCHOOL/DISTRICT (Including StrongStart)

District: _____ School Name: _____
 Province/Country: _____ School Language: _____

MEDICAL INFORMATION

CareCard #: _____ Doctor's Name: _____ Phone #: _____
 Allergies/Health Conditions: _____
 Life Threatening?: _____ Other: _____
 Additional Health Information: _____

PROGRAMS

Has the Student tested for any of the following:

Special Education: Yes No Currently on IEP?: Yes No Gifted: Yes No ELL (English Language Learner): Yes No

Other: _____

CUSTODY INFORMATION

Custody: Both Parents Yes No If no, please indicate custody: _____

Custody Order?: Yes No (If Yes, copy is required) Student Living With: _____

PARENT/GUARDIAN CONTACT(S)

Contact #1 Relationship: _____ First Name: _____ Last Name: _____ Home Phone: _____ Cell: _____ Work phone: _____ Email: _____ Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____ Address if different: _____	Contact #2 Relationship: _____ First Name: _____ Last Name: _____ Home Phone: _____ Cell: _____ Work phone: _____ Email: _____ Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____ Address if different: _____
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EMERGENCY CONTACT(S) (Other than Parent/Guardian)

Contact #3 Relationship: _____ First Name: _____ Last Name: _____ Home Phone: _____ Cell: _____ Work phone: _____ Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____	Contact #4 Relationship: _____ First Name: _____ Last Name: _____ Home Phone: _____ Cell: _____ Work phone: _____ Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____
Contact #5 Relationship: _____ First Name: _____ Last Name: _____ Home Phone: _____ Cell: _____ Work phone: _____ Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____	Contact #6 Relationship: _____ First Name: _____ Last Name: _____ Home Phone: _____ Cell: _____ Work phone: _____ Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____

SIBLING(S)

Sibling #1 Relationship: _____ Name: _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____ School: _____	Sibling #2 Relationship: _____ Name: _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____ School: _____	Sibling #3 Relationship: _____ Name: _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____ School: _____
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NOTES

VERIFICATION – PARENT/GUARDIAN

I certify that the information on this form is correct.

Student Name _____

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, 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.

Date: _____

OFFICE USE ONLY

Enrollment Date: _____

Grade: _____ YOG: _____ Pupil #: _____ PEN: _____ Designation? _____ International? Funded Non Funded

Counsellor Appt? _____ ELL Testing Required? _____ Aboriginal? _____ (if yes, info package provided? _____) TCO/CCO?

Registration Documentation: Student Proof of Birthdate: _____ Student Proof of Citizenship: _____

Parent Photo ID Parent Proof of Citizenship: _____ Proof of Guardianship: _____

Proof of Residence: _____ Proof of Address: _____ Out of Catchment?: Yes No

Additional Documentation: Previous Report Card Withdrawal Form Immunization Records CareCard Number

Forms: Medical Alert Form Internet Access Form Media Release Form Volunteer Driver Form Records Request Course Selection

Staff Initial