



# 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](mailto: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)

<b>Contact #1</b> 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: _____	<b>Contact #2</b> 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)

<b>Contact #3</b> 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: _____	<b>Contact #4</b> 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: _____
<b>Contact #5</b> 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: _____	<b>Contact #6</b> 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)

<b>Sibling #1</b> Relationship: _____ Name: _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____ School: _____	<b>Sibling #2</b> Relationship: _____ Name: _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____ School: _____	<b>Sibling #3</b> 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*