



# SCHOOL DISTRICT #36 (SURREY)

## STUDENT REGISTRATION FORM

SCHOOL: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

|   |   |  |
|---|---|--|
| Date: _____   | <b>OFFICE USE ONLY</b>                                      | Enrollment Date: _____   |
| Grade: _____  | YOG: _____ Pupil #: _____                                   | PEN: _____ Designation? _____ International? <input type="checkbox"/> Funded <input type="checkbox"/> Non Funded |
| Counsellor Appt? _____  | ELL Testing Required? _____                                 | Aboriginal? _____ (if yes, info package provided? _____) <input type="checkbox"/> TCO/CCO?                       |
| <b>Registration Documentation:</b> <input type="checkbox"/> Student Proof of Birthdate: _____ <input type="checkbox"/> Student Proof of Citizenship: _____  |   |  |
| <input type="checkbox"/> Parent Photo ID  | <input type="checkbox"/> Parent Proof of Citizenship: _____ | <input type="checkbox"/> Proof of Guardianship: _____  |
| <input type="checkbox"/> Proof of Residence: _____  | <input type="checkbox"/> Proof of Address: _____            | <input type="checkbox"/> Out of Catchment?: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| <b>Additional Documentation:</b> <input type="checkbox"/> Previous Report Card <input type="checkbox"/> Withdrawal Form <input type="checkbox"/> Immunization Records <input type="checkbox"/> CareCard Number  |   |  |
| <b>Forms:</b> <input type="checkbox"/> Medical Alert Form <input type="checkbox"/> Internet Access Form <input type="checkbox"/> Media Release Form <input type="checkbox"/> Volunteer Driver Form <input type="checkbox"/> Records Request <input type="checkbox"/> Course Selection |   |  |

*Staff Initial*

**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: _____<br>First Name: _____<br>Last Name: _____<br>Home Phone: _____ Cell: _____<br>Work phone: _____<br>Email: _____<br>Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____<br>Address if different: _____ | <b>Contact #2</b> Relationship: _____<br>First Name: _____<br>Last Name: _____<br>Home Phone: _____ Cell: _____<br>Work phone: _____<br>Email: _____<br>Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No Has Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Can pick up?: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Speaks English: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, language: _____<br>Address if different: _____ |
|---|---|

## EMERGENCY CONTACT(S) (Other than Parent/Guardian)

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

## SIBLING(S)

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

## 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.*