

2020/2021

South Surrey White Rock Learning Centre

#13 – 2320 King George Blvd.
Surrey, BC V4A 5A5

Phone (604)-536-0550 Fax (604)-535-8046

Registration Information Form

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

Legal Last Name: _____ Gender: _____

Legal First Name: _____

Usual Last Name: _____

Preferred First Name: _____

Legal Middle Name: _____

Birth Date (yy/mo/day) ____/____/____ Age (at time of reg) ____

Student Email: _____

Student Cell: _____

OFFICE USE ONLY

MyEd Student #: _____ PEN: _____

Reg. Date: _____ Admission Date: _____

Grade: 10 11 12 Session: AM PM EVE

<u>Course</u>	<u>Teacher</u>	<u>Section #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Fees Paid \$ _____ Notes: _____

STUDENT MEDICAL INFORMATION

Allergies/Health Conditions: _____

Life Threatening Yes No Anaphylaxis Yes No

Other _____

HOME ADDRESS/PHONE

Street Address _____ Apt# _____ City _____ Postal Code _____

Home Phone _____

PARENTS/GUARDIANS INFORMATION:

Relationship: _____
(Parent: Mother/Father or Guardian)

Relationship: _____
(Parent: Mother/Father or Guardian)

Last Name _____

Last Name _____

First Name _____

First Name _____

Home # _____ Work # _____

Home # _____ Work # _____

Cell # _____

Cell # _____

E-mail _____

E-mail _____

LIVING SITUATION: *Please check one*

- Alone
 With one parent (mother or father)
 Foster home
 Safe house
 With friends
 With two parents
 Group home
 Other _____

Government Agencies: *Please indicate any agencies involved in your life*

- Social Services
 Probation
 Ministry of Children & Families
 Mental Health

Contact Name: _____ Tel: _____ ***Please provide if indicated above*

On occasion, the school may need to send your child home due to illness or for failure to meet the school's code of conduct. In the event that the school is unable to reach a parent/guardian, I grant the school permission to send my child home.

Student Signature: _____

Parent Signature: _____