

Date: _____	<b>OFFICE USE ONLY</b>	Enrollment Date: _____
YOG: _____ Pupil #: _____ PEN: _____	International? <input type="checkbox"/> Funded <input type="checkbox"/> Non-Funded	Aboriginal? _____ <input type="checkbox"/> TCO/CCO?
Registration Documentation: <input type="checkbox"/> Student Proof of Birthdate: _____ <input type="checkbox"/> Parent Photo ID <input type="checkbox"/> Student Proof of Citizenship: _____		
<input type="checkbox"/> Parent Proof of Citizenship: _____ <input type="checkbox"/> Proof of Guardianship: _____ <input type="checkbox"/> Proof of Residence: _____		
Additional Documents: <input type="checkbox"/> CareCard Number Forms: <input type="checkbox"/> Medical Alert Form <input type="checkbox"/> Media Release Form		

Staff Initial

**PLEASE PRINT CLEARLY**

**Have you ever registered at a StrongStart Centre site?**  Yes  No

**STUDENT INFORMATION**

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ PREFERRED Last Name: \_\_\_\_\_  
 Legal First Name: \_\_\_\_\_ PREFERRED First Name: \_\_\_\_\_  
 Legal Middle Name(s): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

**PROPERTY ADDRESS**

Unit #: \_\_\_\_\_ Street # and Name: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**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 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: \_\_\_\_\_

**MEDICAL INFORMATION**

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

**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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# Media / website consent form

## News Media

The Surrey School District occasionally receives requests from the news media to interview, photograph or video record individuals or groups of students in connection with news stories. Also, reporters are sometimes invited to schools to publicize events, as well as student and school successes.

There are great stories in our schools to share and as a public body, we attempt to cooperate with the media whenever possible. However, your right to personal privacy is our priority. Therefore, we ask that this consent form be signed and returned to the school so we can respect your wish for family privacy.

\_\_\_\_\_ **Yes**, as the parent/guardian of the student named below, I give my consent to the publication/broadcast of his/her picture and/or name by the news media as described above.

\_\_\_\_\_ **No**, as the parent/ guardian of the student named below, I do not give my consent for the publication or broadcast of his/her picture and/or name by the news media, when and where the school or school district has control over such activity\*.

***\*School & district staff cannot control news media access or photos/videos taken at public locations such as field trips, or school events open to the public, such as sports tournaments, student performances, school board meetings, etc.***

## School / District Websites & Publications

In accordance with the *Freedom of Information and Protection of Privacy Act*, the Surrey School District requires consent to use a student's full name and/or photograph/video in a public way, such as on school or district websites or in written publications such as brochures, reports and advertisements. **Therefore, your permission is requested to publicly post or publish your child's full name, photo or video of your child in connection with school or district activities for websites, brochures, reports or advertisements.**

\_\_\_\_\_ **Yes**, as the parent or guardian of the student named below, I give my consent to the publication of his/her name, photo or video as described above.

\_\_\_\_\_ **No**, as the parent or guardian of the student named below, I do not give my consent for the publication of his/her name, photo or video as described above.

***(Consent for secondary school students is valid until graduation. Consent for elementary students remains valid until Grade 8. However, you may review and change your consent at any time by contacting your school.)***

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Student Signature

\_\_\_\_\_  
Date

**Student's Name (print):** \_\_\_\_\_ **Div:** \_\_\_\_\_ **Grade:** \_\_\_\_\_