



**School District #36 (Surrey)  
Student Registration Form  
Cloverdale Traditional School**

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

**STUDENT**

Gender \_\_\_\_\_ (M/F)

Legal Last Name \_\_\_\_\_

Legal First Name \_\_\_\_\_

Usual Last Name \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Birth Date \_\_\_\_\_  
(MMM/DD/YEAR)

Proof Of Age \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Unlisted \_\_\_\_ (Y/N)

**CITIZENSHIP INFORMATION**

Country of Birth \_\_\_\_\_

Citizen of \_\_\_\_\_

Citizen Status: Canadian  Permanent Resident  Other

First Language \_\_\_\_\_

Language at HOME \_\_\_\_\_

**PREVIOUS SCHOOL/DISTRICT**

District \_\_\_\_\_

Name of School \_\_\_\_\_

Province/Country \_\_\_\_\_

**\*\*OFFICE USE ONLY**

Registration Date: \_\_\_\_\_

Pupil No. \_\_\_\_\_ Grade \_\_\_\_\_

Guardianship  Parent Citizenship  Student Citizenship

Residence  Non-Fee Paying  Refugee

Immunization  Care Card  Medical Alert

Family Courier  Custody on file  Aboriginal

Programs \_\_\_\_\_ ELI

**PROPERTY ADDRESS**

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_

Postal Code \_\_\_\_\_ Out of Catchment \_\_\_\_\_ (Y/N)

Proof of Address \_\_\_\_\_

Mailing Address If Different: \_\_\_\_\_

**ABORIGINAL ANCESTRY INFORMATION**  
 YES  NO

Metis

Inuit

Non-Status

First Nation Status-Off Reserve

First Nation Status-On Reserve

Band of Residence Name \_\_\_\_\_ DIA# \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Mother  Father  Guardian \_\_\_\_\_ (Explain)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Living with Student \_\_\_\_\_ (Y/N)

Address if Different \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (Y/N) Can Pick up Student \_\_\_\_\_ (Y/N)

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work phone # \_\_\_\_\_ Ext. \_\_\_\_\_

\*Email \_\_\_\_\_

Mother  Father  Guardian \_\_\_\_\_ (Explain)

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Living with Student \_\_\_\_\_ (Y/N)

Address if Different \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (Y/N) Can Pick up Student \_\_\_\_\_ (Y/N)

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work phone # \_\_\_\_\_ Ext. \_\_\_\_\_

\*Email \_\_\_\_\_

Please explain if there are any custody issues/arrangements: \_\_\_\_\_

**EMERGENCY CONTACTS – Other Than Parents**

First Name _____ Last Name _____ Relationship to Student _____ Home # _____ Cell # _____ Work # _____ Can Pick Up Student _____ (Y/N)	First Name _____ Last Name _____ Relationship to Student _____ Home # _____ Cell # _____ Work # _____ Can Pick Up Student _____ (Y/N)
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First Name _____ Last Name _____ Relationship to Student _____ Home # _____ Cell # _____ Work # _____ Can Pick Up Student _____ (Y/N)	First Name _____ Last Name _____ Relationship to Student _____ Home # _____ Cell # _____ Work # _____ Can Pick Up Student _____ (Y/N)
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**SIBLINGS – If Attending School**

Name _____	_____	_____
Birthdate _____	Grade _____	Grade _____
Gender _____ (M/F)	_____ (M/F)	_____ (M/F)
Relationship _____	_____	_____
School _____	_____	_____

**MEDICAL**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Allergies / Health Conditions: \_\_\_\_\_

Life Threatening: \_\_\_\_\_ (Y/N) Medication Required \_\_\_\_\_

Other Health Factors: \_\_\_\_\_

**PROGRAMS**

Student has been tested for:

ELL:  Level (if known) \_\_\_\_\_ Special Education:  Details: \_\_\_\_\_

**NOTES:**

\_\_\_\_\_

**I certify that the information on this form is correct.**

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

\_\_\_\_\_  
**Date**

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.