



**SCHOOL DISTRICT #51 (Boundary)**  
**Student Registration Form**

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

**STUDENT INFORMATION**

Grade: \_\_\_\_\_

Gender: Male  Female  Other \_\_\_\_\_ Birthdate: (dd/mm/yyyy) \_\_\_\_\_

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

Legal Middle \_\_\_\_\_

If Usual name is different: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
(unlisted? yes  or no  )

Home Language: \_\_\_\_\_ First Language \_\_\_\_\_ Year of Graduation (office to fill out) \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing address: (if different): \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Certificate copied  Care Card copied  Other: \_\_\_\_\_

Country, Prov & City of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Aboriginal Ancestry (yes  or no  ) Status: \_\_\_\_\_ ESL (yes  or no  )

Internet access (yes  or no  ) (see supplemental form for more information)

Release of Information:  
To PAC (yes  or no  ) To Media (yes  or no  ) To Aboriginal Association (yes  or no  ) For Grad (yes  or no  )

**MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Care Card# \_\_\_\_\_

Health Factors (i.e.,Allergies) \_\_\_\_\_

If health issues, are they life threatening? (yes  or no  ) Other \_\_\_\_\_

**OTHER**

Require Learning Assistance (yes  or no  )

Require Special Needs Assistance (yes  or no  )

NOTES: \_\_\_\_\_

**Previous School Attended** (name/address/phone #) attended: \_\_\_\_\_

## PARENT/GUARDIAN INFO

1. Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Living with Student? (yes  or no  ) Same as Student's Address: (yes  or no  )

Address If different from students: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home: \_\_\_\_\_ (unlisted? (yes  or no  )

Place of Employment: \_\_\_\_\_ Ph #: \_\_\_\_\_ Email address: \_\_\_\_\_

2. Relationship: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Living with Student? (yes  or no  ) Same as Student's Address: (yes  or no  )

Address If different from students: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home: \_\_\_\_\_ (unlisted? (yes  or no  )

Place of Employment: \_\_\_\_\_ Ph #: \_\_\_\_\_ Email address: \_\_\_\_\_

## FAMILY INFO

What is your family circumstance? (Check any/all that apply)

Biological family  Blended family  Single parent  Other \_\_\_\_\_

Custody concerns? \_\_\_\_\_ If you have court custody papers please provide the school office with a copy

### Siblings:

First Name	Last Name	Relationship	Birthdate (dd/mm/yyyy)	Gender

Please list anyone else living in the home: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

(two people other than parents. i.e., grandparent, aunt, uncle, neighbour)

1. Relationship \_\_\_\_\_

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

Home Ph # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
(unlisted yes  or no  )

2. Relationship \_\_\_\_\_

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

Home Ph # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_  
(unlisted yes  or no  )

I confirm that I am the Legal Parent or Guardian

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