



# SCHOOL DISTRICT #36 (SURREY)

## STUDENT REGISTRATION FORM

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

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

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: _____	<i>Staff Initial</i>
<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		

**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: _____ 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: _____
---	---

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

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

## SIBLING(S)

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