

Date: _____	OFFICE USE ONLY	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)

<p>Contact #1 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: _____</p>	<p>Contact #2 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: _____</p>
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EMERGENCY CONTACT(S) (Other than Parent/Guardian)

Contact #3 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: _____	Contact #4 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: _____
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SIBLING(S)

Do you have older siblings enrolled in a Surrey School? Yes No

Sibling #1 Relationship: _____ Name: _____ Gender: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____	Sibling #2 Relationship: _____ Name: _____ Gender: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____
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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.