



SCHOOL DISTRICT #36 (SURREY)

STUDENT REGISTRATION FORM

SCHOOL: _____

SCHOOL YEAR: _____

Date: _____	OFFICE USE ONLY	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"/>) <input type="checkbox"/> TCO/CCO?
Registration Documentation: <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: _____
<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
Additional Documentation: <input type="checkbox"/> Previous Report Card <input type="checkbox"/> Withdrawal Form <input type="checkbox"/> Immunization Records <input type="checkbox"/> CareCard Number		
Forms: <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		

Staff Initial

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)

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: _____	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: _____
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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: _____
Contact #5 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 #6 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)

Sibling #1 Relationship: _____ Name: _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____ School: _____	Sibling #2 Relationship: _____ Name: _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____ School: _____	Sibling #3 Relationship: _____ Name: _____ Date of Birth: _____ Gender: _____ Age: _____ Grade: _____ School: _____
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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.