



School District #48 Student Registration Form 2017-2018

The information on this form is collected under the authority of the *School Act*. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.

School: Valleycliffe Elementary School

Previous School: _____ City: _____ Province: _____

Student

Legal Surname: _____ Legal First Name: _____

Legal Middle Name: _____

Usual Surname: Same As Legal _____

Usual First Name: Same As Legal _____

Birth Date (DD-MM-YYYY): _____ Gender: Female Male

Grade: _____

Property Address

Street Number: _____ Street Name: _____

Apartment: _____ Municipality: _____ Province: BC _____

Postal Code: _____ Comp: _____ Lot/Site: _____ Phone: _____

Mailing Address

Same As Property, or: _____

Demographic Information

Aboriginal Ancestry: Yes No

If Yes, Status: Status On Reserve Status Off Reserve Metis Inuit Non Status

Band of Residence (if On Reserve): _____

Language at Home: English Other _____

Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant International

Citizenship: Canadian Citizen Other _____

Country of Birth: Canada Other _____

Parents

Student Living With: Both Mother Father Guardian Other: _____

Custody: Joint Other _____ Court order in effect

1 - Parent Type: Mother Father Guardian Other: _____

Surname: _____ First Name: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student Or: _____

2 - Parent Type: Mother Father Guardian Other: _____

Surname: _____ First Name: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student Or: _____

Emergency Contacts (in order of contact importance)

1:

Same as Parent 1 above Or:

Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

2:

Same as Parent 2 above Or:

Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

3: Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

(If possible, please make contact 4 out of district)

4: Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

Medical

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Care Card Number: _____

Allergies and Health Conditions:

Life Threatening? Yes No

I certify that the information I have provided on this form is correct.

Parent Signature: _____ **Date:** _____

Office Use Only

Date Received: _____ Time: _____

MyEd Pupil #: _____ PEN: _____

Proof of Age: Birth Cert. Citizenship Passport Drivers' Lic. Other: _____

Proof of Address: Utility Bill Lease Other: _____

MyEd Admitted:

Notes: _____

