

**School District #36 (Surrey)
Student Registration Form - SECONDARY**

**** SCHOOL: _____ ****
2010-2011

*****PLEASE PRINT CLEARLY*****

OFFICE USE ONLY

Starting Date _____ Sem _____ **Grade ****
 Citizenship _____ Parent _____ Student _____
 Previous Report Card _____ Withdrawal Form _____
 ESL Code _____ REC – B1 – B2
 ESL Appointment _____
 Counsellor Appointment _____

STUDENT

Pupil No. _____ Gender _____ (M/F)
 Legal Last Name _____
 Legal First Name _____
 Usual Last Name _____
 Preferred First Name _____
 Legal Middle Name _____
 Birth Date _____ Age _____
 Proof Of Age _____
 Home Phone No. _____ Unlisted _____ (Y/N)

PROPERTY ADDRESS

House # & Street _____ Apt # _____
 City _____ Prov. _____
 Postal Code _____ X-Boundary _____ (Y/N)
 Proof Of Address _____
 Mailing Address Same as Property Address? _____ (Y/N)
 If Different... _____

PREVIOUS SCHOOL/ DISTRICT

District _____
 Name of School _____
 Province/Country _____

CITIZENSHIP INFORMATION

Country of Birth _____
 City _____ Province _____
 Citizen of _____
 Citizenship Status _____
 Language at HOME _____

ABORIGINAL ANCESTRY INFORMATION

- Inuit
- Metis
- Non-Status
- Status-Off Reserve
- Status-On Reserve

Band of Residence Name _____ DIA# _____

OFFICE USE ONLY - OTHER FORMS & INFORMATION

Internet Access _____ (Y/N) Media Release _____ (Y/N) Care Card # on File _____ (Y/N)

PARENT / GUARDIAN

Custody _____ Living with _____ Court Access _____

Relationship _____

(Parent: Mother/Father or Guardian)
 Last Name _____
 First Name _____
 Living with Student _____ (Y/N) Emergency Contact _____ (Y/N)
 Address if Different _____
 Speaks English _____ (Y/N) If No Language: _____
 Work Tele. _____ Cellular _____
 Home Tele. _____ Interpreter Req. _____ (Y/N)
 E-Mail _____

Relationship _____

(Parent: Mother/Father or Guardian)
 Last Name _____
 First Name _____
 Living with Student _____ (Y/N) Emergency Contact _____ (Y/N)
 Address if Different _____
 Speaks English _____ (Y/N) If No Language: _____
 Work Tele. _____ Cellular _____
 Home Tele. _____ Interpreter Req. _____ (Y/N)
 E-Mail _____

SIBLINGS

...page 2

Pupil No.	1. _____	2. _____	3. _____
Name	_____	_____	_____
Relationship	_____	_____	_____
	Age _____ Grade _____	Age _____ Grade _____	Age _____ Grade _____
Gender	(M/F) _____	(M/F) _____	(M/F) _____
School	_____	_____	_____

EMERGENCY CONTACTS

1. Last Name _____
 First Name _____
 Relationship _____ (Relative/Neighbour)
 Home Tele. _____ Work Tele. _____
 Cellular _____

2. Last Name _____
 First Name _____
 Relationship _____ (Relative/Neighbour)
 Home Tele. _____ Work Tele. _____
 Cellular _____

3. Last Name _____
 First Name _____
 Relationship _____ (Relative/Neighbour)
 Home Tele. _____ Work Tele. _____
 Cellular _____

4. Last Name _____
 First Name _____
 Relationship _____ (Relative/Neighbour)
 Home Tele. _____ Work Tele. _____
 Cellular _____

MEDICAL

Doctor Name _____ Phone _____ Dentist Name _____ Phone _____
 Care Card # _____
 Allergies and Health Conditions _____
 Life Threatening _____ (Y/N) Other _____
 Epi Pen _____(Y/N) Anaphylaxis Alert Form _____(Y/N) Medical Alert Info & Care Plan Completed _____(Y/N)

TRANSPORTATION

As per Board Policy does this student qualify for Bussing? _____ (Y/N)

PROGRAMS

Has the student been tested for
 Special Education _____ (Y/N) English as a Second Language _____ (Y/N) Gifted _____(Y/N)
 Copy of Immunization Record _____ (Y/N)

NOTES

I certify that the information on this form is correct.

Parent/Guardian Signature

Date

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.