SCHOOL DISTRICT NO. 6 (Rocky Mountain)

Student Registration Form

STUDENT INFORMATION

Legal last name _____

Legal first name _____

Legal middle name (s) _____

Usual last name _____

Usual first name _____

Usual middle name _____

Gender _____

Date of birth (M/D/Y) _____ Age ____

Birth certificate number _____ Attached

BC personal health number _____ Attached

Home phone number _____ Unlisted

PROPERTY ADDRESS

Street address _____ Apt #____

PO Box _____

Municipality _____

Province _____ Postal code _____

X-Boundary School _____

MAILING ADDRESS

Same as property address? ☐ YES ☐ NO

Address _____

_____

_____

ADMISSION INFORMATION

Registration date _____

Reason for registration: .

Grade _____ Homeroom _____

Cross enrolled school _____

PREVIOUS SCHOOL/DISTRICT

Previous district _____

Previous school _____

Address _____

CITIZENSHIP, LANGUAGE, AND CULTURE

Country of birth _____

Country of citizenship _____

Home language _____

Language most used _____

First language _____

Immigration status _____

Entry date _____ Expiry date _____

ABORIGINAL ANCESTRY

☐ Inuit ☐ Métis ☐ Non-status

☐ Status Off-Reserve ☐ Status On-Reserve

Band of origin _____

Band of residence _____

Status card number _____

Ab Ed program requested ☐ YES ☐ NO

PERMISSIONS

	YES	NO
Send email and autodialer calls?	☐	☐
Release of info/photos outside of district?	☐	☐
Permission to walk home?	☐	☐
Permission to ride bike home?	☐	☐
Allow computer/network/Internet access?	☐	☐
Acceptable use policy read and signed?	☐	☐
Field trip permission?	☐	☐
Release of information to PAC?	☐	☐
Release to media?	☐	☐
For Grad?	☐	☐

PARENT/GUARDIAN INFORMATION

Custody_____ **Living with**_____ **Court Access**_____

Parent/Guardian
Relationship _____
Legal last name _____
Legal first name _____
Home phone number _____ Unlisted
Cell phone number _____
Email _____
Student lives with? Student pick up?
Same address as student?
Address (if different) _____
_____
_____
Place of employment _____
Work phone number _____
Available at work

Use this information for emergency contact?

Parent/Guardian
Relationship _____
Legal last name _____
Legal first name _____
Home phone number _____ Unlisted
Cell phone number _____
Email _____
Student lives with? Student pick up?
Same address as student?
Address (if different) _____
_____
_____
Place of employment _____
Work phone number _____
Available at work

Use this information for emergency contact?

SIBLINGS

Last name:	1._____	2. _____	3. _____
First name:	1._____	2. _____	3. _____
Relationship:	1._____	2. _____	3. _____
Date of birth (M/D/Y):	1._____	2._____	3. _____
Gender:	1._____	2. _____	3._____

DAYCARE PROVIDER

Name _____
Phone number _____

EMERGENCY CONTACT INFORMATION

Additional emergency contact

Relationship _____

Last name _____

First name _____

Phone number _____ Unlisted

Place of employment _____

Work phone number _____

Available at work

Email address _____

Address _____

_____

Can this person pick up the student?

Additional emergency contact

Relationship _____

Last name _____

First name _____

Phone number _____ Unlisted

Place of employment _____

Work phone number _____

Available at work

Email address _____

Address _____

_____

Can this person pick up the student?

Additional emergency contact

Relationship _____

Last name _____

First name _____

Phone number _____ Unlisted

Place of employment _____

Work phone number _____

Available at work

Email address _____

Address _____

_____

Can this person pick up the student?

Additional emergency contact

Relationship _____

Last name _____

First name _____

Phone number _____ Unlisted

Place of employment _____

Work phone number _____

Available at work

Email address _____

Address _____

_____

Can this person pick up the student?

MEDICAL INFORMATION

Doctor_____Phone number _____

Dentist_____ Phone number _____

Allergies/health conditions/health factors:

_____

_____

_____

_____

_____

_____

Life threatening?

OTHER

Require learning assistance: ☐ YES ☐ NO

Require counseling ☐ YES ☐ NO

_____ _____

_____ _____

_____ _____

_____ _____

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, enrollment, budget, facility and operational analysis. It will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act*.