



School District No. 47 Registration Form

School: _____

STUDENT INFORMATION

Legal Last Name _____

Legal First Name _____

Usual First Name _____

Preferred First Name _____

Middle Name(s) _____

Usual Last Name _____

Gender _____

Birth Date (DD-MMM-YYYY) _____

Proof of Age _____

Home Phone No. _____

Unlisted - Yes / No (circle one)

Registered in Pre-school **Strong Start** Program

PROPERTY ADDRESS

Street Name & No. _____

Apt. # _____

Town _____

Postal Code _____

School District Bus Student - Yes / No (circle one)

MAILING ADDRESS

Address _____

Yes / No (circle one)

ADMISSION INFORMATION

Registration Date _____

Grade _____

PREVIOUS SCHOOL AND DISTRICT

Previous School _____

Previous District _____

BACKGROUND INFORMATION

Country & Province of Birth _____

Aboriginal Ancestry - Yes / No (circle one)

Primary Language Spoken _____

Living on Reserve - Yes / No (circle one)

PARENT/GUARDIAN INFORMATION

Parent/Guardian - Mr./Mrs./Ms/Dr. (circle one)

Parent/Guardian - Mr./Mrs./Ms/Dr. (circle one)

Last Name _____

Last Name _____

First Name _____

First Name _____

Relationship _____

Relationship _____

Living With Student - Yes / No (circle one)

Living With Student - Yes / No (circle one)

Same as Students Address - Yes / No (circle one)

Same as Students Address - Yes / No (circle one)

Address (if different) _____

Address (if different) _____

Place of Employment _____

Place of Employment _____

Work Phone Number _____

Work Phone Number _____

Available at Work - Yes / No (circle one)

Available at Work - Yes / No (circle one)

Home Phone No. _____

Home Phone No. _____

Unlisted - Yes / No (circle one)

Unlisted - Yes / No (circle one)

Cellular Phone No. _____

Cellular Phone No. _____

Fax No. _____

Fax No. _____

E-mail Address _____

E-mail Address _____

**Do you have a specific custody arrangement we should know about? -Yes / No (circle one)
If yes, please provide a copy of the court order.**

SIBLINGS

Last Name _____

First Name _____

Relationship _____

Birthday (DD-MM-YY) _____

Gender _____

EMERGENCY CONTACT INFORMATION

| | |
|--|--|
| Last Name _____ | Last Name _____ |
| First Name _____ | First Name _____ |
| Relationship _____ | Relationship _____ |
| Home Phone No. _____ | Home Phone No. _____ |
| Unlisted - Yes / No (circle one) _____ | Unlisted - Yes / No (circle one) _____ |
| E-mail address _____ | E-mail address _____ |
| Work Place _____ | Work Place _____ |
| Work Phone No. _____ | Work Phone No. _____ |
| Cellular No. _____ | Cellular No. _____ |
| Pager No. _____ | Pager No. _____ |

MEDICAL INFORMATION

Doctor _____ Phone No. _____ Care Card No. _____

Dentist _____ Phone No. _____

Life Threatening Illness -Yes / No (circle one) _____

Permission to Transport -Yes / No (circle one) _____

Other Health Factors (example: Allergies) _____

Any additional information we should be aware of: _____

Special Education services received at previous school: _____

RELEASE OF INFORMATION

- I Permit:**
- my child's name and/or photo to be used in any school publications including web pages for the Internet.
 - my child to be included in any media coverage of a school event.
 - the school to disclose my name, phone number, mailing address, and my child's name to the Parent Advisory Council for the purpose of school related communications.
 - my child to participate in local field trips.
 - my child to access the Internet in support of their education.

- AND ACKNOWLEDGE:**
- that my child will use his/her locker/desk only for accepted school-related activities and that it may be inspected by the Principal or other person in authority with the Principal at any time without notice.
 - that schools have the obligation and right to share demographic information with Provincial Health and Social Services agencies.
 - that schools have the responsibility to investigate all threat making behavior.

Note: If you take exception to any of the above, please discuss your objections with the Principal.

The information collected on the student registration form, and ongoing information regarding student progress and Assessments is collected under the authority of the School Act, in a web based format. The 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. Except as noted above we will not release personal information to a third party in a recognizable form without your permission.

Parent/Guardian approval: _____ Date: _____

(Signature)

Checked by: _____