



School District No.35 (Langley) Student Registration

Office Use – MyEd BC	
YOG:	Grade:
School Year:	
Date:	

STUDENT INFORMATION Please check boxes when applicable.

☐ If enrolled in StrongStart BC, Location: _____ ☐ Self-Identified Aboriginal Ancestry (Form required)

Legal Last Name	Legal First Name	Legal Middle Name
Usual Last Name (if different)	Usual First Name (if different)	Usual Middle Name (if different)
Date of Birth (dd/mmm/yyyy): _____ Birthplace (Country/Province): _____		
Primary Language (Spoken at Home): _____ Gender: _____ Gender Identity: _____		
Last School Attended (Name/City/Prov): _____ <u>Langley Catchment School:</u> _____		
Street Address (Street/City/Postal): _____		
Mailing Address (if different): _____		

SIBLING (Brother/Sisters) INFORMATION Name/Date of Birth (DOB – i.e.: 12 MAY 2001)

Name/DOB: _____	Name/DOB: _____
Name/DOB: _____	Name/DOB: _____

Who does the student reside with? ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Custody Order(s) (Provide Copy)

☐ **Child In-Care** (Temporary or Permanent) Please provide a copy of Agreement/Court Order.

PARENT INFORMATION

#1 Parent/Legal Guardian (If student is "In-Care", Social Worker is #1)

First Name: _____ Last Name: _____ Relationship to Child: _____
Email: _____ Phone: _____ Work Phone: _____
Address (if different from Student): _____

#2 Parent/Legal Guardian (If student is "In-Care", Care Provider is #2)

First Name: _____ Last Name: _____ Relationship to Child: _____
Email: _____ Phone: _____ Work Phone: _____
Address (if different from Student): _____

EMERGENCY CONTACT INFORMATION (Other than Parent/Legal Guardian)

Emergency Contact #1: First/Last Name	Phone Number	Relationship to Child
Emergency Contact #2: First/Last Name	Phone Number	Relationship to Child
Emergency Contact #3: First/Last Name	Phone Number	Relationship to Child

HEALTH INFORMATION Is the condition(s) Life Threatening? ☐ Yes ☐ No If yes, Medical Form is required.

List Diagnosis (if applicable): _____

Care Card Number: _____ Vaccinated: ☐ Yes ☐ No Admin Procedure 312 Vaccination Records
Information is accessed should there be the threat of an outbreak or a confirmed case of a communicable disease outbreak.

I am the Parent or Legal Guardian and declare the information on this form to be true. I understand as Parent/Legal Guardian, SD35 (Langley) will request the full student record (file), including all inclusions (if applicable), from the last school attended.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ **DATE:** _____

"The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator."



SCHOOL DISTRICT #45 (Langley)
MEDICAL ALERT FORM

Medical Alert Form

SCHOOL YEAR:

Last Name:

First Name:

Division:

Grade:

Birth Date:

Care Card #

Photo ID (Parents do not
send photo unless
requested)

Contact Name & Telephone Numbers

Mother/Guardian
Last Name:

Father/Guardian
Last Name:

Mother/Guardian
First Name:

Father/Guardian
First Name:

Home Phone#

Mother/Guardian's
Work or Cell

Father/Guardian's
Work or Cell

Physician Name

Telephone Number

Indicate what medical condition this student has that may require emergency care at school:

Describe the potential problem (include symptoms that might be observed):

REQUEST FOR ADMINISTRATION OF MEDICATION

NOTE: No medication will be administered until this form is completed and returned to the school.

A. This section is to be completed by a parent or legal guardian.

Student's Name: _____ School: _____

Birth date: _____ Grade: _____ Address: _____

Parent or Legal Guardian: _____

Phone - Home: _____ Bus.: _____ Cell: _____

Emergency contact: _____ Phone: _____

Family Physician: _____ Phone: _____

Prescribing Physician: _____ Phone: _____

B. Medication Required

<u>Name of Medication</u>	<u>Dosage</u>	<u>Directions for Use</u>	<u>Medical Condition</u>
1)			
2)			
3)			

C. I request that staff administer medication as prescribed on this form to my child:

(Student's Name) _____

- I agree to supply the medication to the school in the **original container** with my child's name and the pharmacist's direction for use, including dosage.
- If changes occur I will contact the school and provide revised written instructions from a physician or pharmacist. I am aware I am required to update this information each September or sooner if required.
- I am aware that the Public Health Nurse for the school will be informed of my child's condition and medication and that the nurse may contact me as necessary.
- I am aware that staff working with my child may need to know of my child's condition and of the medication required
- I hereby give permission for my child's medical condition and required medication to be shared with relevant staff as required. Upon request, the Principal will provide the names of staff members that have been informed of my child's condition.

 Date

 Signature of Parent or Legal Guardian



ABORIGINAL PROGRAM
Langley School District #35
4875-222nd Street, Langley, B.C. V3A 3Z7



Self-Identification of Aboriginal Ancestry (First Nations, Metis or Inuit)

****Please fill out only if student has Aboriginal ancestry – one form per student****

Aboriginal Ancestry is determined on a voluntary basis through self-identification. This includes First Nations (Status or Non-Status), Metis or Inuit Ancestry. **No documentation other than this self-identification is required and the ancestry can go back several generations.**

Student Name: _____ Aboriginal Ancestry: ☐ Yes

Specify Ancestry if known: _____ (e.g. Sto:lo, Cree, Inuit, Metis, etc.)

School Attending: _____ Grade: _____

Student Birth Date: _____ (month/day/year) Gender: _____

Home Phone #: _____ Cell #: _____ Email: _____

Siblings: _____ Grade: _____ School: _____
(with ancestry) _____

*By signing below I acknowledge that the above-named student is of Aboriginal Ancestry (First Nations, Metis or Inuit)

Parent/Guardian/Caregiver Consultation and Consent to Service

Aboriginal Education Programs/Services

- Academic and Personal Support
- Home-School communication (letters, phone calls, etc.)
- Cultural enrichment
- Graduation/Scholarship/Bursary/Post-Secondary Info
- Early Literacy/Numeracy support
- Monitoring of academic progress and attendance
- In-class Cultural Presentations/Events
- Leadership Conference

Comments: _____

*I give consent for the above-named student to access the programs and services available through the Aboriginal Program.

*This signature is considered consent for the duration of the student's enrollment in their current school.

*Consent can also be given verbally by phone or by email to your Aboriginal Support Worker.

*To revoke this consent you must contact the Aboriginal Program office at 778-736-0736.

*I give permission for the above-named student's picture to be used in newsletters, webpage, etc. ☐ Yes ☐ No

(Parent/Guardian/Caregiver Signature)

(Date Signed)

(Print Parent/Guardian/Caregiver Name)

(Address - if changed)

Please return this form to the above-named student's school ASAP. If you have any questions, please call 778-736-0736.

LANGLEY SCHOOL DISTRICT INTAKE FORM

The following verification is required by the Ministry of Education and Child Care; attach in Student File.
For Parents/Legal Guardians who are not Canadian Citizens, registration will occur at the School Board Office

Legal Surname: _____ Legal First Name: _____

Usual Surname: _____ Usual First Name: _____

ENTRY REQUIREMENTS INTO AN EDUCATIONAL PROGRAM: ADMINISTRATIVE PROCEDURE 300**1. Student's Proof of Age** (✓ box to confirm verified; keep copy in student file)

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Secure Certificate of Indian Status (SCIS/Status Card) |
| <input type="checkbox"/> Certificate of Citizenship | <input type="checkbox"/> Permanent Resident Card (copy both sides) |
| <input type="checkbox"/> Immigration Canada Documents | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Other legal or government-issued document |

2. Evidence of Guardianship (✓ boxes to confirm verified; documents are not retained)

- ☐ Parent/ Legal Guardian's government issued photo ID

And, One of:

- | | |
|---|---|
| <input type="checkbox"/> Child's Birth Certificate with Parent's Name | <input type="checkbox"/> Income Tax Statement – Children Declared |
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Child in Care Documentation |
| <input type="checkbox"/> Immigration Canada Documents | |

3. Parent/Legal Guardian Citizenship (✓ box to confirm verified; documents are not retained)**Canadian Citizens**

- | | |
|--|---|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Secure Certificate of Indian Status (SCIS/Status Card) |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Nexus Card with citizenship listed as Canadian |
| <input type="checkbox"/> Citizen Certificate | |

Non-Canadian Citizenship For parents/legal guardians who are not Canadian Citizens, registrations occur at SBO.

- ☐ Permanent Resident Card (copy both sides)
- ☐ Canadian Immigration Documents
- ☐ Work or Study Permit: Approved by District School Accountant

4. Residency (✓ boxes to confirm verified; documents are not retained)**One of:**

- | | |
|--|---|
| <input type="checkbox"/> Subject-Free Home Purchase Contract | <input type="checkbox"/> Municipal Tax Bill |
| <input type="checkbox"/> Mortgage Statement | <input type="checkbox"/> Rental Agreement or Letter from Landlord |

And, One of:

- | | |
|---|--|
| <input type="checkbox"/> BC Driver's License | <input type="checkbox"/> Insurance Statement or Policy |
| <input type="checkbox"/> BC Services Card | <input type="checkbox"/> Income Tax Statement |
| <input type="checkbox"/> BC Vehicle Registration | <input type="checkbox"/> Utility Bill |
| <input type="checkbox"/> BCID | <input type="checkbox"/> Employment Pay Slip |
| <input type="checkbox"/> Canadian Bank or Credit Card Statement | <input type="checkbox"/> Other legal or government-issued document |