| 4 | • |
|-------|----|
| Langl | ey |

SCHOOL DISTRICT #35 (LANGLEY) STLIDENT REGISTRATIO

| | Office Use - MyEdBC |
|---|---------------------|
| | YOG: |
| N | Grade/Homeroom: |
| | School Year: |
| | Enrollment Date: |
| | |

| Langley School District #35 (Langlet) Student Redistration | Grade/Homeroom. | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|--|--|
| SCHOOLS | School Year: | | | |
| STUDENT INFORMATION – check boxes when applicable. | Enrollment Date: | | | |
| ☐ Enrolled in Strong Start – School/District: Self-Ide | ntify Aboriginal(Aboriginal Form required) | | | |
| Sen identity Aboriginal Commence | | | | |
| | | | | |
| Legal Surname Legal Middle Name | Grade (registering for) | | | |
| Llevel Company of the state of | Data of Divitle (Day/Maintle (Vans) | | | |
| Usual Surname (if different) Usual First Name Usual Middle Name | Date of Birth (Day/Month/Year) | | | |
| Birthplace (Country/Province) Primary Language Spoken at Home | Gender Preferred Gender | | | |
| bil triplace (Country/Frovince) Frimary Language Spoken at Home Gender Freiened Gender | | | | |
| Langley Catchment School Last School Attended (Name/City/Prov) | | | | |
| STUDENT ADDRESS INFORMATION | | | | |
| | | | | |
| | | | | |
| Street Address City Postal Code | | | | |
| | | | | |
| Mailing Address (if different) City Postal Code | | | | |
| Who does the Student Reside With? | | | | |
| ☐ Both Parents ☐ In-Care or Contin | nuing Care Order (CCO) Provide copy | | | |
| ☐ Mother Only ☐ Father Only Is there a Custody Court order? ☐ Yes ☐ No | If Yes, provide a copy for student file. | | | |
| PARENT/Legal Guardian #1 Note: (If In-Care – Social Worker is #1) | | | | |
| | | | | |
| Last Name Relationship to Studer | nt | | | |
| · | | | | |
| Email Home/Cell Phone Work Phone | | | | |
| | | | | |
| Address (if different from student) City Postal Code | | | | |
| PARENT/Legal Guardian #2 Note: (If In-Care – Care Giver/Foster Parent is #2) | | | | |
| | | | | |
| Last Name First Name Relationship to Studen | t | | | |
| | | | | |
| Email Home/Cell Phone Work Phone | | | | |
| Address (if different from student) City Postal Code | | | | |
| Address (if different from student) City Postal Code EMERGENCY Contact Information | Siblings (Brothers/Sisters) | | | |
| EMENGENCY CONTact Information | Names/Birthdays (MMDDYYYY) | | | |
| | , , , , , , | | | |
| #1 - First & Last Name Relationship to Student Home Cell Work Phone | 1. | | | |
| | 2. | | | |
| #2 - First & Last Name Relationship to Student 🗆 Home 🗆 Cell 🗆 Work Phone | 3. | | | |
| | 4. | | | |
| #3 - First & Last Name Relationship to Student ☐Home ☐Cell ☐Work Phone | 5. | | | |
| HEALTH CONCERNS - Is the concern(s) Life Threatening? ☐ Yes ☐ No (If yes, Medical Form is required) | | | | |
| List Concern(s): Care Card#: | | | | |
| I understand, as Parent/Legal Guardian, SD35 (Langley) will request the full student file, inclu | ding all inclusions (if applicable) from last | | | |
| i unuerstanu, as Parenty Legai Guaruian, 3033 (Langiey) wili request the full student file, inclu | unig an inclusions (ii applicable), itom last | | | |

school the student has attended.

| PARENT/LEGAL GUARDIAN – SIGNATURE: | DATE: | |
|------------------------------------|-------|--|