School District #35 (Langley) Student Registration

Office Use - MyEdBC	
YOG:	Grade:
School Year:	
Date:	

STUDENT INFORMATION Please check boxes when applicable.

☐ If enrolled in Strongstart, Location: _____ ☐ Self-Identified Aboriginal Status (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): _____ Langley Catchment School: _____

Street Address (Street/City/Postal): _____

Mailing Address (if different): _____

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

1. Name/DOB:		2. Name/DOB:	
3. Name/DOB:		4. 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 (If student is "In-Care" Temporary or Permanent – Social Worker is #1/Caregiver is #2)

#1 Parent/Legal Guardian

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

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 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."