

SCHOOL DISTRICT #35 (LANGLEY) STUDENT REGISTRATION

(office use only)

Grade: _____
Home Room: _____
Enrolled Date: _____
School Year: _____

STUDENT INFORMATION

Usual Surname	First Name	Middle Name	Student Resides With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (Please Specify)
Legal Surname (if different)	First Name	Middle Name	
Street Address	City	Postal Code	
Mailing Address (if different)	Home Phone		
Birthdate (MM/DD/YYYY)	Gender	Preferred Gender	Citizenship: <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International Fee-paying <input type="checkbox"/> International Work-or-Study Permit <input type="checkbox"/> Permanent Resident/ Landed Immigrant <input type="checkbox"/> Refugee (3-digit code) ____ ____ ____
Birthplace (Country/Province)	Primary Language Spoken At Home		
Catchment Area School	Last School Attended (City/Prov)		
			Other Info: <input type="checkbox"/> Student is of Aboriginal Ancestry <input type="checkbox"/> Student attended StrongStart Immunization: <input type="checkbox"/> Vaccinated <input type="checkbox"/> Not Vaccinated

PARENT/LEGAL GUARDIAN #1

☐ Please indicate if student has Continuing Custody Order or In-Care (Agency, e.g. MCFD – Social Worker is Legal Guardian #1)

Last Name	First Name	Relationship to Student	If custody order applies: <input type="checkbox"/> Court Order On File <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Access Only <input type="checkbox"/> No Access
Email	Cell Phone	Work Phone Home Phone	

PARENT/LEGAL GUARDIAN #2

Last Name	First Name	Relationship to Student	Relevant Family Information (e.g. Agreements):
Email	Cell Phone	Work Phone Home Phone	

Brothers/Sisters	1.	
Names/Birthdates (MMDDYYYY)	2.	
	3.	
	4.	

EMERGENCY CONTACT INFORMATION

Parents/Legal Guardians are contacted first, however, in the absence of a parent/legal guardian; student can be released to the care and control of:
(In the event of an extreme emergency, some parents/legal guardians may be unable to reach the school. Please identify people in the neighbourhood of the school.)

Emergency Contact 1 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone
Emergency Contact 2 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone
Emergency Contact 3 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone

Health Information/Medical Concerns: _____

Is this condition life threatening? ☐ Yes ☐ No (If yes, Medical Form is required with registration to be completed at a later date.)

Care Card # _____

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