

# Student Registration - School District 60 Strong Start

Date: \_\_\_\_\_

Robert Ogilvie  Duncan Cran  Hudson's Hope  Taylor  Prespatou  Buick Creek  KLC

Time: \_\_\_\_\_

## Demographics

Legal Last \_\_\_\_\_

Home Phone \_\_\_\_\_

Unlisted

Legal First \_\_\_\_\_

Physical Street Address \_\_\_\_\_

Legal Middle \_\_\_\_\_

RR / SS / PO Box \_\_\_\_\_

Usual Last \_\_\_\_\_

City \_\_\_\_\_

Usual First \_\_\_\_\_

Prov \_\_\_\_\_

Usual Middle \_\_\_\_\_

Postal Code \_\_\_\_\_

Gender M / F

CareCard No \_\_\_\_\_

Date of Birth \_\_\_\_\_

Proof of Age \_\_\_\_\_

## Previous Strong Start Centre (if applicable)

Name & Location \_\_\_\_\_

## Student Legal Alerts - Court Order Required

Yes

No

Complete, Signed, and Stamped order to be provided for file by parent.

## Student Life Threatening Medical Alert

Description \_\_\_\_\_

## Other Student Alerts - Non Life Threatening Medical/Family or Other

Description \_\_\_\_\_

## Other Relevant Information - if applicable

Legal Custody \_\_\_\_\_ Living With \_\_\_\_\_ Court Order Yes / No

## Citizenship

Country of Birth \_\_\_\_\_ Visa Status \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Visa Expiry Date \_\_\_\_\_

## Declaration

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 program 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. I hereby declare that the registration information provided on this document is true, correct and complete to the best of my knowledge. My signature also authorizes the release of student information & records from the previous school.

Parent / Guardian Signature \_\_\_\_\_

see over page 2

**Language and Culture**

Home Language \_\_\_\_\_  
 Language Most Used by Child \_\_\_\_\_  
 First Language of Child \_\_\_\_\_

**Parent / Guardian**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Lives with Student Y / N  
 Address if different \_\_\_\_\_

**Emergency Contact**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Contact can pick up Y / N

**In School Sibling Information**

	Sibling 1	Sibling 2	Sibling 3	Sibling 4	Sibling 5
First Name	_____				
Last Name	_____				

**Office Use**

First Date of Attendance \_\_\_\_\_  
 Proof of Age Attached Initial \_\_\_\_\_

**Indigenous Ancestry**

If yes please indicate

Yes	No
Inuit	Status On Reserve
Metis	Status Off Reserve
Indigenous Non-Status	

Band of Origin \_\_\_\_\_

Band of Residence \_\_\_\_\_

**Parent / Guardian**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Lives with Student Y / N  
 Address if different \_\_\_\_\_

**Emergency Contact**

First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Contact can pick up Y / N