



School District No. 43 (Coquitlam) STUDENT REGISTRATION FORM

Date of Application: _____

REGISTRATION INFORMATION

Student's Legal Name: _____
Last First Middle

Verified by: Birth Certificate Passport Citizenship Card

Student's Preferred Name: _____
(if different from above) Last First Middle

Student Date of Birth: / / **Gender:** Male Female **Preferred Gender:** **Grade:**
DD MM YYYY

Address: _____
City Postal Code

Document provided to confirm address: _____

Siblings in attendance at this school:

Name: _____ **Grade:** _____

Name: _____ **Grade:** _____

CITIZENSHIP

Canadian Citizen Permanent Resident International Student Refugee

Aboriginal Ancestry: Yes No Status Non Status Metis Inuit

Birthplace: _____
City Province Country

Language(s) spoken at home: _____

Name of last school attended: _____ **Grade:** _____

Out of Country Out of Province Out of District In District

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name #1 : _____

Lives with Student: Yes No **Relationship to Student:** Parent Guardian **Other:** _____

Mailing address : _____
(if different from student address) City Postal Code

Parent/Guardian Email(s): _____

Telephone: Day: _____ Evening: _____ Cell: _____

PARENT/GUARDIAN CONTACT INFORMATION CONT'D
Parent/Guardian Name #2 : _____

Lives with Student: Yes No **Relationship to Student:** Parent Guardian **Other:** _____

Mailing address: _____
(if different from student address) City Postal Code
Parent/Guardian Email(s): _____

Telephone: Day: _____ Evening: _____ Cell: _____

Please indicate if the school administration should be aware of any custody or court order information for the protection of your child.

 Yes No If yes, please make arrangements to discuss this situation with the school administration

EMERGENCY CONTACT INFORMATION
Emergency Contact Name #1 : _____ **Relationship to Student:** _____

Telephone: Day: _____ Evening: _____ Cell: _____

Emergency Contact Name #2 : _____ **Relationship to Student:** _____

Telephone: Day: _____ Evening: _____ Cell: _____

Emergency Contact Name #3 : _____ **Relationship to Student:** _____

Telephone: Day: _____ Evening: _____ Cell: _____

MEDICAL INFORMATION

Are there any particular medical problems your child may be experiencing which their teacher should be aware of? If yes, please complete the District Medical Alert form provided by school.

Doctor's Name: _____ **Telephone #:** _____

Personal Health Care Number: _____

OFFICE USE ONLY
Admission Date: _____ **Citizenship Code:** _____

Student has an IEP (Individualized Education Plan): Yes No **Homeroom Assigned:** _____

Student ID #: _____ **PEN:** _____

Information collected for students is collected under the authority of the School Act, Sections 13 and 79. The information will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outline in Section 79 (2) of the School Act. The information provided on this form is protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and the use of this information should be directed to the principal of the school or the Information & Privacy Officer, School District #43, 550 Poirier Street, Coquitlam, BC V3J 6A7 Phone: 604-939-9201.

I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.

 Date

 Parent/Guardian Signature