



# School District No. 43 (Coquitlam) STUDENT REGISTRATION FORM

### OFFICE USE ONLY

Date of registration: \_\_\_\_\_ Time: \_\_\_\_\_ Start date: \_\_\_\_\_

Program:  Eng  FRIM  Other: \_\_\_\_\_ GRADE: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

ELL: \_\_\_\_\_ SPED: \_\_\_\_\_ IEP: \_\_\_\_\_ PEN #: \_\_\_\_\_ Std. #: \_\_\_\_\_

Citizenship Code: \_\_\_\_\_

### STUDENT REGISTRATION INFORMATION

**Student's Legal Name:**

\_\_\_\_\_

Last First Middle

**Student's Preferred Name:**  
(if different from above)

\_\_\_\_\_

Last First Middle

**Student Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  Male  Female **Preferred Gender:**  Male  Female

DD MM YYYY

**Birthplace:** \_\_\_\_\_

City Province Country

**Home Language:** \_\_\_\_\_ **Language Most Used:** \_\_\_\_\_ **First Language:** \_\_\_\_\_

**Student's primary residence:** \_\_\_\_\_

Street Address City Postal Code

**Student cell #:** \_\_\_\_\_ **Student email address:** \_\_\_\_\_

**Siblings (that are school age only):**

| #   | Name  | School attending | Relationship (Brother/Sister) | Grade |
|-----|-------|------------------|-------------------------------|-------|
| #1: | _____ | _____            | _____                         | _____ |
| #2: | _____ | _____            | _____                         | _____ |
| #3: | _____ | _____            | _____                         | _____ |

**International Student:**  No  Yes

**Aboriginal Ancestry:**  No  Yes  Status  Non Status  Metis  Inuit

If Status: Band of Origin: \_\_\_\_\_ Band of Residence: \_\_\_\_\_

**Last school attended:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Name City Province Country

Out of Country  Out of Province  Out of District  In District

### PARENT/GUARDIAN CONTACT INFORMATION

**Parent/Guardian Name #1:**  
(of student's primary residence)

\_\_\_\_\_

Last First Middle

Canadian Citizen  Permanent Resident  International  Refugee

If not a Canadian citizen -- Country of Citizenship of Parent/Guardian: \_\_\_\_\_

**Relationship to Student:**  Mother  Father  Other: \_\_\_\_\_

**Parent/Guardian Email(s):** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please indicate if there is a court order on file regarding your child.

No  Yes Copy of court order provided:  Yes  No

**PARENT/GUARDIAN CONTACT INFORMATION CONT'D**

**Parent/Guardian Name #2:** \_\_\_\_\_  
Last First Middle

Canadian Citizen  Permanent Resident  International  Refugee

If not a Canadian citizen -- Country of Citizenship of Parent: \_\_\_\_\_

**Lives with Student:**  No  Yes **Relationship to Student:**  Mother  Father  Other: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City Postal Code

(if different from student primary address, has residency documentation as per District Eligibility Checklist been verified:  Yes  No)

**Parent/Guardian Email(s):** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (attempts are always made to contact parents first in the case of emergencies, below are secondary emergency contacts)

**Emergency Contact Name #1:** \_\_\_\_\_  
Last Name First Name  Male  Female **Relationship to Student:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Name #2:** \_\_\_\_\_  
Last Name First Name  Male  Female **Relationship to Student:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Name #3:** \_\_\_\_\_  
(Out of Province to be called in the event of a natural disaster) Last Name First Name  Male  Female **Relationship to Student:** \_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**MEDICAL INFORMATION**

**Personal Health Care Number:** \_\_\_\_\_

Are there any particular medical problems your child may be experiencing which their teacher should be aware of?

Not life threatening/Health Alert (allergies, etc.)

Life threatening (severe allergies, anaphylactic, etc.) If yes, please give a brief description below and complete the District Medical Alert form provided by school.

Other student alerts – family or other information

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