

C.A.B.E. Application for Registration



DATE: _____

STUDENT INFORMATION

Legal Last Name _____ Legal First Name _____

Middle Name(s) _____ Preferred First Name _____

Gender: Male / Female _____ D.O.B. (dd/mth/year) _____

Address _____ Apt # _____ City _____ Postal Code _____

Phone Home: _____ Cell: _____ Email: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian #1 _____ (c) Phone _____

Relationship _____ email: _____ (w) Phone _____

(address & home phone # if different from above):

_____ email: _____

Parent/Guardian #2 _____ (c) Phone _____

Relationship _____ email: _____ (w) Phone _____

(address & home phone # if different from above):

_____ email: _____

Additional Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL INFORMATION

Care Card #: _____ Doctor: _____ Phone _____

MEDICAL ALERT/CONCERNS (Specify)

Life Threatening? Yes No

OTHER

Are there any family matters, custody, guardianship or access orders or Court approved agreements of which the school should be aware?

Court order in effect: Yes No (If yes, please provide copy)

Please specify: _____

<u>Custody:</u>	Mother	Father	Joint Custody
	Foster Parent	Grandparent(s)	Self
	Min. of Children & Families	Guardian	

OFFICE USE ONLY:

VERIFICATION OF CITIZENSHIP/DATE OF BIRTH/CATCHMENT:

Canadian Citizen: Canadian First Nations ancestry: Yes No Proof of address: _____

Permanent Resident: Refugee: International: * Non-Funded: Funded: Document: _____

Country of Birth: Canada: Province _____ Other: Country _____ Language: _____

GRADE _____ **PREVIOUS SCHOOL** _____ **District:** _____ **Contact** _____

If from out of Province did you ever attend school in B.C.? Yes No

If yes, name of school: _____