



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

OFFICE USE ONLY	
Date of registration:	_____
Start date:	_____
GRADE:	_____ HOMEROOM: _____
Program:	<input type="checkbox"/> Eng <input type="checkbox"/> FRIM <input type="checkbox"/> Other: _____
ELL:	_____ SPED: _____ IEP: _____
Std. #	_____ PEN #: _____

## 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

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

<b>#1:</b>	_____	_____	_____	_____
	Name	School attending	Relationship (Brother/Sister)	Grade
<b>#2:</b>	_____	_____	_____	_____
	Name	School attending	Relationship (Brother/Sister)	Grade
<b>#3:</b>	_____	_____	_____	_____
	Name	School attending	Relationship (Brother/Sister)	Grade

**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  work permit  Study permit  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.

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

**Parent/Guardian Name #2:** \_\_\_\_\_

Last

First

Middle

Canadian Citizen     Permanent Resident     work permit     Study permit     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  )

**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:** \_\_\_\_\_  Male    **Relationship to Student:** \_\_\_\_\_  
Last Name    First Name     Female

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

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

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

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

**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 informational \_\_\_\_\_

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