

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:

____/____/____
DD MM YYYY

Gender:

☐ Male

☐ Female

Preferred Gender:

☐ Male

☐ Female

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:

_____ Name City Province Country

Grade:

☐ 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