#### Student Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Used Surname |  | | Legal Surname |  | |
| Used First name |  | | Legal First name |  | |
| Street Address |  | | Legal Middle Name |  | |
| City |  | | Birthdate (yyyy/mm/dd) |  | |
| Postal Code |  | | Gender (circle) | Male or Female | |
| Telephone # |  | |  | | |
|  |  | | Country of Birth | |  |
|  | |  | Province of Birth | |  |
| Language Most Used | |  | Citizenship | |  |
| Language Spoken At Home | |  | Citizenship Document | |  |
| Does the student speak English | | Yes or No | Native Indian Ancestry | | Yes or No |
|  | |  | Tribal Affiliation | |  |

**Previous Schools / Preschools**

|  |  |  |
| --- | --- | --- |
| Name of School | Address / City | Grades |
|  |  |  |
|  |  |  |
|  |  |  |

Indicate any known learning or behavioural challenges.

#### Medical Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctor’s Name |  | Care Card Number |  | Use |
| Doctor’s Phone # |  | Medical Alert | Yes or No | Red |
| Dentist’s Name |  | Life Threatening | Yes or No | Dot |
| Dentist’s Phone # |  |  |  |  |

***If your child has a medical condition, please indicate the condition here and also see office staff to request Medical Alert forms to be included with your child’s records.***

#### Family Information

#### ‘Resides With’ Parent / Guardian Information (living with student)

Student resides with: **◊**Mother & Father **◊**Mother only **◊**Joint Custody

**◊**Mother & Stepfather **◊**Father only **◊**Guardian

**◊**Father & Stepmother **◊**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Proof of Residency Provided** | Yes or No | Residency Document(s) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mother / Stepmother / Guardian (circle)** | | **Father / Stepfather / Guardian (circle)** | |
| Name |  | Name |  |
| Work # |  | Work # |  |
| Cell # |  | Cell # |  |
| Email |  | Email |  |
| Speaks English | Yes or No | Speaks English | Yes or No |
| Language Most Used |  | Language Most Used |  |
| Citizenship |  | Citizenship |  |
| Citizenship document |  | Citizenship document |  |
| Mailing Address  (if different than student’s) |  | Mailing Address  (if different than student’s) |  |

(‘FAMILY INFORMATION’ continued on reverse)

**Non-Custodial Parent Information**

If there is a non-custodial parent (***one with whom the student does not reside***) completion of this section is necessary.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | | | | |
| Address |  | | | | |
| Home # |  | Work # |  | Cell # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does the non custodial parent have access to the child? | Yes or No | Does the non custodial parent have access to information regarding the child? | Yes or No |
| Is there a court order in place regarding custody / access to the child? | | | Yes or No |
| If yes, have you provided a copy of the court order to the school  ***( Without a copy of the court order on file,***  ***school personnel are NOT in a position to support the stipulations outlined in the court order.)*** | | | Yes or No |

Remarks:

#### School Age Sibling Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Date of Birth | School | Gr |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### Alternate Contact Information

This information is necessary in the event you are unavailable and your child is sick or injured.

|  |  |  |  |
| --- | --- | --- | --- |
| **Daycare Name** |  | **Phone #** |  |
| **Daycare Contact** |  | **Cell #** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name |  | Phone # |  |
| relationship |  | Cell # |  |
| Contact Name |  | Phone # |  |
| relationship |  | Cell # |  |
| Contact Name |  | Phone # |  |
| relationship |  | Cell # |  |
| Contact Name |  | Phone # |  |
| relationship |  | Cell # |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OUT OF PROVINCE EMERGENCY / EARTHQUAKE CONTACT** (As recommended in general earthquake preparedness procedures, this is someone your family has chosen to be a “go-between” in the event of an earthquake. You and other family members would contact this person to share information about your whereabouts and safety. We would attempt to contact this person if we could not contact you or local alternates.) | | | |
| **Print Name** | **Phone numbers** (include area code)  We are unable to record international numbers. | Address | **Relationship** |
|  | Home |  |  |
| Work |
| Cell |

* I acknowledge that ***I have spoken to all the above alternates*** who have accepted responsibilities associated with being an emergency contact for my child.
* I realize that ***in the event of a controlled student release***, only the above authorized individuals will be able to claim my child (except medical or emergency personnel). Upon release of my child, a record shall be kept of the name of the authorized person, the time released and expected destination.

Parent / Guardian Signature Parent / Guardian Name (please print) Date

The information on this form is collected under the authority of the School Act, Sections 13 and 79.  The information provided will be used for educational program purposes, and, when required, may be provided to health services, social services or other support services as outlined in Section 79 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 use of this information should be directed to the principal of the school or

the Information & Privacy Officer, School District #43 (Coquitlam), 550 Poirier St. Coquitlam BC V3J 6A7 Ph: 604-939-9201

**For Office Use Only:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Registration Year | |  | | Registered in BCeSIS |  |
| Program | | Eng or Fr Im | | BCeSIS ID Number |  |
| Grade |  | Div |  | PEN Number |  |