



**SCHOOL DISTRICT #35 (LANGLEY)
STUDENT REGISTRATION**

(office use only)

Grade: _____
Home Room: _____
Enrolled Date: _____
School Year: _____

STUDENT INFORMATION

Usual Surname	First Name	Middle Name	Student Resides With: [] Both parents [] Mother Only [] Father Only [] Other (Please Specify)
Legal Surname (if different)	First Name	Middle Name	
Street Address	City	Postal Code	
Mailing Address (if different)	Home Phone		
Birthdate (MM/DD/YYYY)	Gender	Preferred Gender	Citizenship: [] Canadian Citizen [] International Fee-paying [] International Work-or-Study Permit [] Permanent Resident/ Landed Immigrant [] Refugee (3-digit code) _____
Birthplace (Country/Province)	Primary Language Spoken At Home		
Catchment Area School	Last School Attended (City/Prov)		Other Info: [] Student is of Aboriginal Ancestry [] Student attended StrongStart
			Immunization: [] Vaccinated [] Not Vaccinated

PARENT/LEGAL GUARDIAN #1
[] Please indicate if student has Continuing Custody Order or In-Care (Agency, e.g. MCFD – Social Worker is Legal Guardian #1)

Last Name	First Name	Relationship to Student		If custody order applies: [] Court Order On File [] Joint Custody [] Sole Custody [] Access Only [] No Access
Email	Cell Phone	Work Phone	Home Phone	

PARENT/LEGAL GUARDIAN #2

Last Name	First Name	Relationship to Student	
Email	Cell Phone	Work Phone	Home Phone

			Relevant Family Information (e.g. Agreements):
Brothers/Sisters	1.		
Names/Birthdates (MMDDYYYY)	2.		
	3.		
	4.		

EMERGENCY CONTACT INFORMATION

Parents/Legal Guardians are contacted first, however, in the absence of a parent/legal guardian; student can be released to the care and control of:
(In the event of an extreme emergency, some parents/legal guardians may be unable to reach the school. Please identify people in the neighbourhood of the school.)

Emergency Contact 1 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone
Emergency Contact 2 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone
Emergency Contact 3 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone

Health Information/Medical Concerns: _____

Is this condition life threatening? [] Yes [] No (If yes, Medical Form is required with registration to be completed at a later date.)

Care Card # _____

****PARENT/LEGAL GUARDIAN SIGNATURE:** _____ **Date:** _____