STUDENT ADMISSION / REGISTRATION / REQUEST FOR RECORDS FORM School District No. 60 (Peace River North) OUTREACH STRONGSTART CENTRE

FIRST DAY OF ATTENDANCE:	
□ PRESPATOU □ TAYLOR □ BUICK CREEK	
STUDENT INFORMATION	STUDENT #2 INFORMATION (if applicable)
Gender (Male / Female) Birthdate:	Gender (Male / Female) Birthdate:
Gender (Male / Female) Birthdate: Legal Last Name	Legal Last Name
Legal First Name	Legal First Name
Usual Last Name (if different)	Usual Last Name (if different)
Preferred First Name (if different)	Preferred First Name (if different)
Middle Name(s)	Middle Name(s)
Birth Certificate □ Attached OR	Birth Certificate □ Attached OR
Other Proof of Age (Passport, Perm. Res. Card, Immigration Doc., BC ID	Other Proof of Age (Passport, Perm. Res. Card, Immigration Doc., BC ID
card)	card)
Home Phone NoUnlisted (Yes / No)	
Cell Phone (s) No.	
STUDENT # 3 INFORMATION (if applicable)	PHYSICAL ADDRESS (911 INFORMATION)
Conder (Mela / Famela) Birthdete	Ctreat # 9 Name
Gender (Male / Female) Birthdate:	Street # & Name
Legal Last Name Legal First Name	Apartment #
Usual Last Name (if different)	City & Prov Postal Code
Preferred First Name (if different)	1 datai data
Middle Name(s)	MAILING ADDRESS – only if different from above:
Birth Certificate □ Attached OR	
Other Proof of Age (Passport, Perm. Res. Card, Immigration Doc., BC ID	Address
card)	
STUDENT ANCESTRY:	
Aboriginal (Yes / No) If Yes, select :□ Inuit □ Non-Status □ Meti	is Status, Off Reserve
□ Status, On Reserve, include Band Numberand Band	d Name
Parent / Guardian (1):	Parent / Guardian (2):
Deletionship to etudent	Deletionabin to attudent
Relationship to student	Relationship to student
Last Name	Last Name
First NameLiving With Student (Yes / No)	First NameLiving With Student (Yes / No)
Same as Student Address (Yes / No)	Same as Student Address (Yes / No)
Mailing Address (if different) Street	Mailing Address (if different) Street
City Postal Code	CityPostal Code
Email Address	Home Phone No.
	Cell Phone No
	Email Address

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		•		
Last Name 1 2 First Name			4	
•				
Birth Date (D/M/Y)				
Grade (if applicable) Gender (M / F)		(M/F)		
Gender (W. 7 F.)	(IVI 7 I)	(IVI 7 F)	(101 / 1)	
MEDICAL INFORMATION (FOR UP TO 3	CHILDREN)			
1 Care Card # 2 Care Ca	ard #	3 Care Card #		
1. Care Card # 2. Care Card # 3. Care Card # 3. Care Card #				
	,			
Life Threatening (Yes / No)				
OTHER RELEVANT INFORMATION				
If Applicable:				
Legal Custody:		Living With:	Court Order: (Yes / No)	
Othor of Coroniver				
Other: e.g. Caregiver				
CONFIRMATION OF INFORMATION and				
COM INMATION OF THE CRIMATION AND		EUD DEI EVGE UE G	THENT NAME AND/OD BUOTO	
	AUTHORIZATION	FOR RELEASE OF S	STUDENT NAME AND/OR PHOTO	
I hereby declare that the information provided in this do				
		I true		
	ocument is accurate and	I truePARENT / GUA	ARDIAN SIGNATURE	
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