

STUDENT ADMISSION / REGISTRATION / REQUEST FOR RECORDS FORM

School District No. 60 (Peace River North)

OUTREACH STRONGSTART CENTRE

FIRST DAY OF ATTENDANCE: _____

- PRESPTOU TAYLOR BUICK CREEK

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| <p>STUDENT INFORMATION</p> <p>Gender (Male / Female) Birthdate: _____</p> <p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Usual Last Name (if different) _____</p> <p>Preferred First Name (if different) _____</p> <p>Middle Name(s) _____</p> <p>Birth Certificate <input type="checkbox"/> Attached <u>OR</u></p> <p>Other Proof of Age (Passport, Perm. Res. Card, Immigration Doc., BC ID card) <input type="checkbox"/></p> <p>Home Phone No. _____ Unlisted (Yes / No)</p> <p>Cell Phone (s) No. _____</p> <p>_____</p> | <p>STUDENT #2 INFORMATION (if applicable)</p> <p>Gender (Male / Female) Birthdate: _____</p> <p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Usual Last Name (if different) _____</p> <p>Preferred First Name (if different) _____</p> <p>Middle Name(s) _____</p> <p>Birth Certificate <input type="checkbox"/> Attached <u>OR</u></p> <p>Other Proof of Age (Passport, Perm. Res. Card, Immigration Doc., BC ID card) <input type="checkbox"/></p> |
| <p>STUDENT # 3 INFORMATION (if applicable)</p> <p>Gender (Male / Female) Birthdate: _____</p> <p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Usual Last Name (if different) _____</p> <p>Preferred First Name (if different) _____</p> <p>Middle Name(s) _____</p> <p>Birth Certificate <input type="checkbox"/> Attached <u>OR</u></p> <p>Other Proof of Age (Passport, Perm. Res. Card, Immigration Doc., BC ID card) <input type="checkbox"/></p> | <p>PHYSICAL ADDRESS (911 INFORMATION)</p> <p>Street # & Name _____</p> <p>Apartment # _____</p> <p>City & Prov _____</p> <p>Postal Code _____</p> <p>MAILING ADDRESS – only if different from above:</p> <p>Address _____</p> <p>_____</p> |
| <p>STUDENT ANCESTRY:</p> <p>Aboriginal (Yes / No) If Yes, select : <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status <input type="checkbox"/> Metis <input type="checkbox"/> Status, Off Reserve</p> <p><input type="checkbox"/> Status, On Reserve, include Band Number _____ and Band Name _____</p> | |
| <p>Parent / Guardian (1):</p> <p>Relationship to student _____</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Living With Student (Yes / No)</p> <p>Same as Student Address (Yes / No)</p> <p>Mailing Address (if different) Street _____</p> <p>City _____ Postal Code _____</p> <p>Email Address _____</p> | <p>Parent / Guardian (2):</p> <p>Relationship to student _____</p> <p>Last Name _____</p> <p>First Name _____</p> <p>Living With Student (Yes / No)</p> <p>Same as Student Address (Yes / No)</p> <p>Mailing Address (if different) Street _____</p> <p>City _____ Postal Code _____</p> <p>Home Phone No. _____</p> <p>Cell Phone No. _____</p> <p>Email Address _____</p> |

SIBLINGS (other than Strong Start) - optional

| | | | | |
|-----------------------|-----------|-----------|-----------|-----------|
| Last Name | 1. _____ | 2. _____ | 3. _____ | 4. _____ |
| First Name | _____ | _____ | _____ | _____ |
| Relationship | _____ | _____ | _____ | _____ |
| Birth Date (D/M/Y) | _____ | _____ | _____ | _____ |
| Grade (if applicable) | _____ | _____ | _____ | _____ |
| Gender | (M / F) | (M / F) | (M / F) | (M / F) |

MEDICAL INFORMATION (FOR UP TO 3 CHILDREN)

1. Care Card # _____ 2. Care Card # _____ 3. Care Card # _____

Health & Medical Conditions or Concerns (Allergies, etc.) _____

Life Threatening (Yes / No) _____

OTHER RELEVANT INFORMATION

If Applicable:

Legal Custody: _____

Living With: _____

Court Order: (Yes / No) _____

Other: e.g. Caregiver

CONFIRMATION OF INFORMATION and AUTHORIZATION FOR RELEASE OF STUDENT NAME AND/OR PHOTO

I hereby declare that the information provided in this document is accurate and true _____

PARENT / GUARDIAN SIGNATURE

I understand that from time to time, within the context of a school setting, my child's name and/or photograph may be used in connection with the Strong Start Centre. I hereby give permission for such publication.

PARENT / GUARDIAN SIGNATURE

DATE SIGNED

I do not wish my child's name and/or photograph to be used in connection with the Strong Start Centre

(please check this box)

OFFICE USE ONLY:

MyEdBC# _____

Initials _____