



SCHOOL DISTRICT NO. 6 (Rocky Mountain)
Student Registration Form

STUDENT INFORMATION

Legal last name _____
Legal first name _____
Legal middle name (s) _____
Usual last name _____
Usual first name _____
Usual middle name _____
Gender _____
Date of birth (M/D/Y) _____ Age _____
Birth certificate number _____ Attached (Y/N) _____
BC personal health number _____ Attached (Y/N) _____
Home phone number _____ Unlisted (Y/N) _____

PROPERTY ADDRESS

Street address _____ Apt # _____
PO Box _____
Municipality _____
Province _____ Postal code _____
X-Boundary (Y/ N) School _____

MAILING ADDRESS

Same as property address? YES NO
Address _____

ADMISSION INFORMATION

Registration date _____
Reason for registration: _____
Grade _____ Homeroom _____
Cross enrolled school _____

PREVIOUS SCHOOL/DISTRICT

Previous district _____
Previous school _____
Address _____

CITIZENSHIP, LANGUAGE, AND CULTURE

Country of birth _____
Country of citizenship _____
Home language _____
Language most used _____
First language _____
Immigration status _____
Entry date _____ Expiry date _____

ABORIGINAL ANCESTRY

Inuit Métis Non-status
Status Off-Reserve Status On-Reserve
Band of origin _____
Band of residence _____
Status card number _____
Ab Ed program requested YES NO

PERMISSIONS

YES NO

Send email and autodialer calls?
Release of info/photos outside of district?
Permission to walk home?
Permission to ride bike home?
Allow computer/network/Internet access?
Acceptable use policy read and signed?
Field trip permission?
Release of information to PAC?
Release to media?
For Grad?

PARENT/GUARDIAN INFORMATION

Custody _____ **Living with** _____ **Court Access** _____

Parent/Guardian

Relationship _____

Legal last name _____

Legal first name _____

Home phone number _____ Unlisted

Cell phone number _____

Email _____

Student lives with? (Y/N) Student pick up? (Y/N)

Same address as student? (Y/N)

Address (if different) _____

Place of employment _____

Work phone number _____

Available at work (Y/ N)

Use this information for emergency contact? (Y/N)

Parent/Guardian

Relationship _____

Legal last name _____

Legal first name _____

Home phone number _____ Unlisted

Cell phone number _____

Email _____

Student lives with? (Y/N) Student pick up? (Y/N)

Same address as student? (Y/N)

Address (if different) _____

Place of employment _____

Work phone number _____

Available at work (Y/ N)

Use this information for emergency contact? (Y/N)

SIBLINGS

Last name: 1. _____ 2. _____ 3. _____

First name: 1. _____ 2. _____ 3. _____

Relationship: 1. _____ 2. _____ 3. _____

Date of birth (M/D/Y): 1. _____ 2. _____ 3. _____

Gender: 1. _____ 2. _____ 3. _____

DAYCARE PROVIDER

Name _____

Phone number _____

EMERGENCY CONTACT INFORMATION

Additional emergency contact

Relationship _____
Last name _____
First name _____
Phone number _____ Unlisted (Y/N)
Place of employment _____
Work phone number _____
Available at work (Y/ N)
Email address _____
Address _____

Can this person pick up the student? (Y/N)

Additional emergency contact

Relationship _____
Last name _____
First name _____
Phone number _____ Unlisted (Y/N)
Place of employment _____
Work phone number _____
Available at work (Y/ N)
Email address _____
Address _____

Can this person pick up the student? (Y/N)

Additional emergency contact

Relationship _____
Last name _____
First name _____
Phone number _____ Unlisted (Y/N)
Place of employment _____
Work phone number _____
Available at work (Y/ N)
Email address _____
Address _____

Can this person pick up the student? (Y/N)

Additional emergency contact

Relationship _____
Last name _____
First name _____
Phone number _____ Unlisted (Y/N)
Place of employment _____
Work phone number _____
Available at work (Y/ N)
Email address _____
Address _____

Can this person pick up the student? (Y/N)

MEDICAL INFORMATION

Doctor _____ Phone number _____

Dentist _____ Phone number _____

Allergies/health conditions/health factors:

Life threatening? (Y/N)

OTHER

Require learning assistance: YES NO Require counseling YES NO

_____	_____
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature _____ Date _____

The information on this form is collected under the authority of the *School Act*. Information is used by the District for Ministry of Education reporting; demographic, enrollment, budget, facility and operational analysis. It will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act*.