



Student Registration Form

Student

Legal Last Name _____ Date of Birth _____ **Family Courier**

Legal First Name _____ Grade _____

Legal Middle Name(s) _____

Gender Male Female

Preferred Last Name _____

Preferred First Name _____

Personal Health No. _____

Student Cell Number _____

Previous School Name _____ Address _____

Previous School Phone _____ City _____

PARENT / GUARDIAN INFORMATION

Name _____

Relationship _____

cell phone _____

work phone _____

home phone _____

E-mail Address _____

Home Address

House number & street name _____

PO Box _____

City _____ Prov _____ PC _____

Receive communications Can pick up Has portal access

Parental authority or guardian Lives with student

PARENT / GUARDIAN INFORMATION

Name _____

Relationship _____

cell phone _____

work phone _____

home phone _____

E-mail Address _____

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EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called, will be granted permission to pick up child if required.)

Emergency Contact 1 _____	Home phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Emergency Contact 2 _____	Home phone _____	Work Phone _____
	Cell Phone _____	Relationship _____

SIBLING INFORMATION

Name _____	Grade _____	Birthdate _____
Name _____	Grade _____	Birthdate _____
Name _____	Grade _____	Birthdate _____

STUDENT LEGAL ALERTS

Court order on file?

Description _____

STUDENT MEDICAL ALERTS

Life Threatening?

Doctor's Name _____ Phone _____

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

ABORIGINAL ANCESTRY

Metis Inuit Status-On Reserve Status-Off Reserve Non-Status

Band/Nation Name _____ Status No. _____

Previous School Information

Previous School Name: _____

Previous School Address: _____

Previous School Phone: _____

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, [may be provided to health services, social services or support services as outlined in Section 79\(2\) of the School Act](#). The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent / Guardian Signature _____ Date _____