



**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:

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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*.