



Rocky Mountain  
School District #6

# 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? (Y/N) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ADMISSION INFORMATION

Registration date \_\_\_\_\_

Reason for registration: First time, Strong Start, Transfer

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 \_\_\_\_\_ Metis \_\_\_\_\_ Non-status

\_\_\_\_\_ Status Off-Reserve \_\_\_\_\_ Status On-Reserve

Band of origin \_\_\_\_\_

Band of residence \_\_\_\_\_

Status card number \_\_\_\_\_

Ab Ed program requested? (Y/N)

### PERMISSIONS

Send email and autodialer calls? (Y/N)

Release of info/photos outside of district? (Y/N)

Permission to walk home? (Y/N)

Permission to ride bike home? (Y/N)

Allow computer/network/internet access? (Y/N)

Acceptable use policy read and signed? (Y/N)

Field trip permission? (Y/N)

Release of information to PAC? (Y/N)

Release to media? (Y/N)

For Grad? (Y/N)

**PARENT/GUARDIAN INFORMATION**

**Custody** \_\_\_\_\_ **Living with** \_\_\_\_\_ **Court Access** \_\_\_\_\_

**Parent/Guardian**  
Relationship \_\_\_\_\_

Legal last name \_\_\_\_\_

Legal first name \_\_\_\_\_

Home phone number \_\_\_\_\_ Unlisted (Y/N)

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 (Y/N)

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: (Y/N)

Require counseling (Y/N)

---

---

---

---

---

---

---

---

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*.