



Learning Expeditions Program 2018-2019

Student Registration Form

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

Previous School: _____ **City:** _____ **Province:** _____

Student

Legal Surname: _____ Legal First Name: _____

Legal Middle Name: _____

Usual Surname: Same As Legal _____

Usual First Name: Same As Legal _____

Birth Date (DD-MM-YYYY): _____ Gender: Female Male

Present Grade: _____ If completing form for next school year: Grade in September _____

Property Address

Street Number: _____ Street Name: _____

Apartment: _____ Municipality: _____ Province: BC _____

Postal Code: _____ Comp: _____ Lot/Site: _____ Phone: _____

Mailing Address

Same As Property _____

Demographic Information

Aboriginal Ancestry: Yes No

If Yes, Status: Status On Reserve Status Off Reserve Metis Inuit Non Status

Band of Residence (if On Reserve): _____

Language at Home: English Other _____

Immigration Status: Canadian Citizen Permanent Resident/Landed Immigrant International

Citizenship: Canadian Citizen Other _____

Country of Birth: Canada Other _____

Parents

Student Living With: Both Mother Father Guardian Other: _____

Custody: Joint Other _____ Court order in effect

1 - Parent Type: Mother Father Guardian Other: _____

Surname: _____ First Name: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student _____

2 – Parent Type: Mother Father Guardian Other: _____

Surname: _____ First Name: _____

Business Ph.: _____ Ext.: _____

Home Ph.: _____ Cell Ph.: _____

Email: _____ Work Place: _____

Mailing Address: Same as Student _____

Emergency Contacts

Same as Parent 1 Above

1 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

Same as Parent 2 Above

2 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

3 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

(If possible, please make contact 4 out of district)

4 - Surname: _____ First Name: _____
Relationship: _____ Home Ph.: _____
Work Ph.: _____ Cell Ph.: _____

Medical

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Care Card Number: _____

Allergies and Health Conditions:

Life Threatening? No Yes If **YES**, please provide details to **Ryan Massey, Principal**.

I certify that the information I have provided on this form is correct.

Parent Signature: _____ **Date:** _____

Office Use Only

Date Received: _____

Pupil #: _____ PEN: _____

Proof of Age: Birth Cert. Citizenship Passport Status Card: _____

MyEd Admitted: Date: _____ Reg. Date: (1st day of classes): _____

Student File Request _____ Files Received _____