



SCHOOL DISTRICT #35 (LANGLEY)
STUDENT REGISTRATION

(office use only)

Grade:
Home Room:
Enrolled Date:
School Year:

STUDENT INFORMATION

Form with fields: Usual Surname, First Name, Middle Name, Legal Surname (if different), Street Address, City, Postal Code, Mailing Address (if different), Home Phone, Birthdate (MM/DD/YYYY), Gender, Preferred Gender, Birthplace (Country/Province), Primary Language Spoken At Home, Catchment Area School, Last School Attended (City/Prov). Includes checkboxes for Student Resides With, Citizenship, Other Info, and Immunization.

PARENT/LEGAL GUARDIAN #1

[ ] Please indicate if student has Continuing Custody Order or In-Care (Agency, e.g. MCFD – Social Worker is Legal Guardian #1)

Form with fields: Last Name, First Name, Relationship to Student, Email, Cell Phone, Work Phone, Home Phone. Includes checkboxes for custody order applies.

PARENT/LEGAL GUARDIAN #2

Form with fields: Last Name, First Name, Relationship to Student, Email, Cell Phone, Work Phone, Home Phone. Includes checkboxes for custody order applies.

Form with fields: Email, Cell Phone, Work Phone, Home Phone, Relevant Family Information (e.g. Agreements), Brothers/Sisters Names/Birthdates (MMDDYYYY).

EMERGENCY CONTACT INFORMATION

Parents/Legal Guardians are contacted first, however, in the absence of a parent/legal guardian; student can be released to the care and control of:
(In the event of an extreme emergency, some parents/legal guardians may be unable to reach the school. Please identify people in the neighbourhood of the school.)

Form with fields: Emergency Contact 1 (First & Last Name), Relation to Student, Home Phone/Cell Phone/Work Phone; Emergency Contact 2; Emergency Contact 3.

Health Information/Medical Concerns:

Is this condition life threatening? [ ] Yes [ ] No (If yes, Medical Form is required with registration to be completed at a later date.)

Care Card #

\*\*PARENT/LEGAL GUARDIAN SIGNATURE: Date: