

SANGSTER ELEMENTARY SCHOOL

REGISTRATION FORM 2016-2017

OFFICE USE ONLY

Reg. Date: _____
 Time: _____:_____ AM / PM
 Transfer Req'd: _____
 Date Entered BCeSIS: _____
 File Requested: _____

Student Information:

Gender: M/F: _____ Grade: _____ **Legal Surname:** _____ **Legal First Name:** _____
 Preferred Surname (if different): _____ Preferred First Name (if different): _____
Middle Name: _____ Birthdate: _____ / _____ / _____ Proof of Age: Birth Cert. ☐ or _____
Day Month Year
 Home Phone: _____ Address: _____
 Mailing Address (if different) _____ Postal Code: _____
Last School Attended: _____ **Involved in:** Learning Assistance: ☐ ESL: ☐
 Special Education: ☐ Counselling: ☐ Speech & Language: ☐ French Immersion: ☐
 Place of Birth: _____ Citizenship (if not Canadian): _____
Language: First Language? _____ Language at Home? _____
Aboriginal Ancestry: No: ☐ / Yes: ☐ Inuit: ☐ Metis: ☐ Non-Status: ☐ Status-Off Reserve: ☐
 Status-On Reserve: ☐ Band of Residence Name: _____ DIA Number: _____

Parent Information:

Custody of: Mother: ☐ Father: ☐ Both: ☐ **Living with:** Mother: ☐ Father: ☐ Both: ☐
Court Order? No: ☐ / Yes: ☐ If Yes give details: (**Note:** A copy of an up-to-date court order must be on file with the school)

1) **Mother:** Last Name: _____ First Name: _____
 Address (if different than student): _____
 Home Phone (if different): _____ Work Phone: _____ Cell Phone: _____
 Employer: _____ Email Address: _____
 2) **Father:** Last Name: _____ First Name: _____
 Address (if different than student): _____
 Home Phone (if different): _____ Work Phone: _____ Cell Phone: _____
 Employer: _____ Email Address: _____

Emergency Contacts: (Parents will always be contacted first. This list is for back up purposes.)

1) Last Name: _____ First Name: _____
 Relationship: _____ Home Phone: _____ Cell/Work Phone: _____
 2) Last Name: _____ First Name: _____
 Relationship: _____ Home Phone: _____ Cell/Work Phone: _____

Daycare: Name: _____ Phone: _____ Cell Phone: _____

Medical Information:

Doctor: _____ Phone: _____ Care Card # _____
 Allergies/Health Conditions: _____ Life Threatening? Yes: ☐ / No: ☐
 Is this child currently on medication: Yes: ☐ / No: ☐ Description: _____

Parent/Guardian Signature: _____

Registration Date: _____