School District 51 (Boundary)

StrongStart Student Registration Form

The information collected on this form will be protected consistent with the Freedom of Information and Protection Act.

Requested School:

STUDENT INFORMATION	ADDRESS INFORMATION
Gender Male Female Other Gender Identity _____ Legal Last Name _____ Legal First Name _____ Legal Middle Name _____ Usual Last Name _____ Preferred First _____ Date of Birth _____ Indigenous Ancestry? Y ☐ N ☐ ☐ Birth Certificate ☐ Certificate of Citizenship ☐ Court Order ☐ Driver's Licence ☐ Immigration Canada documents ☐ Passport ☐ Certificate of Status (Status Card) Main Phone _____ Unlisted Y ☐ N ☐	Street Address _____ _____ Apt. No. _____ City _____ BC Postal Code _____ Proof of Residency ☐ _____ Mailing Address (if different from above) _____ _____ Last School Attended _____ City & Province _____

PARENTS/GUARDIANS (extra sheets are available if needed)	PARENTS/GUARDIANS
First Name _____ Last Name _____ Gender: Male ☐ Female ☐ Other ☐ Relationship to Student _____ Contact can pick up Student: Y ☐ N ☐ Living with Student Y ☐ N ☐ Same as Student Address Y ☐ N ☐ Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext._____ Employed at _____	First Name _____ Last Name _____ Gender: Male ☐ Female ☐ Other ☐ Relationship to Student _____ Contact can pick up Student: Y ☐ N ☐ Living with Student Y ☐ N ☐ Same as Student Address Y ☐ N ☐ Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext._____ Employed at _____

CUSTODY/GUARDIANSHIP/ACCESS

Are there any legal documents in force re: custody/guardianship/access? Y ☐ N ☐

If so, please briefly explain _____

Have you provided a copy of these legal documents to the school? Y ☐ N ☐

EMERGENCY CONTACT INFORMATION #1	EMERGENCY CONTACT INFORMATION #2
First Name _____	First Name _____
Last Name _____	Last Name _____
Relationship to Student _____	Relationship to Student _____
Contact can pick up Student: Y ☐ N ☐	Contact can pick up Student: Y ☐ N ☐
Main Phone _____	Main Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Work Phone _____	Work Phone _____

SIBLING INFORMATION

	Sibling 1	Sibling 2	Sibling 3	Sibling 4
Last Name				
First Name				
Relationship				
Date of Birth DD/Month/Year				
School				
Gender	Male ☐ Female ☐ Other ☐	Male ☐ Female ☐ Other ☐	Male ☐ Female ☐ Other ☐	Male ☐ Female ☐ Other ☐

MEDICAL INFORMATION

Care Card Number _____

Allergies and Conditions _____

Are any of these conditions life threatening? Y ☐ N ☐

Life Threatening Condition _____