



**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
<p>Gender Male      Female      Other</p> <p>Gender Identity _____</p> <p>Legal Last Name _____</p> <p>Legal First Name _____</p> <p>Legal Middle Name _____</p> <p>Usual Last Name _____</p> <p>Preferred First _____</p> <p>Date of Birth _____</p> <p>Indigenous Ancestry?    Y      N</p> <div style="margin-left: 20px;"><input type="checkbox"/> Birth Certificate <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Court Order <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Immigration Canada documents <input type="checkbox"/> Passport <input type="checkbox"/> Certificate of Status (Status Card)</div> <p>Main Phone _____</p> <p>Unlisted    Y      N</p>	<p>Street Address _____</p> <p>_____ Apt. No. _____</p> <p>City _____ BC</p> <p>Postal Code _____</p> <p>Proof of Residency <input type="checkbox"/> _____</p> <p>Mailing Address (if different from above)</p> <p>_____</p> <p>_____</p> <p>Last School Attended _____</p> <p>City &amp; Province _____</p>

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

**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**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Contact can pick up Student: Y ☐ N ☐

Main Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Work Phone \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION #2**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Contact can pick up Student: Y ☐ N ☐

Main Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

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 <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>

**MEDICAL INFORMATION**

Care Card Number \_\_\_\_\_

Allergies and Conditions \_\_\_\_\_

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

Life Threatening Condition \_\_\_\_\_