

# SCHOOL DISTRICT #35 (LANGLEY) STUDENT REGISTRATION

(office use only)

Grade: \_\_\_\_\_  
Home Room: \_\_\_\_\_  
Enrolled Date: \_\_\_\_\_  
School Year: \_\_\_\_\_

## STUDENT INFORMATION

Usual Surname	First Name	Middle Name	<b>Student Resides With:</b> <input type="checkbox"/> Both parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (Please Specify)
<b>Legal Surname (if different)</b>	First Name	Middle Name	
Street Address	City	Postal Code	
Mailing Address (if different)	Home Phone		
Birthdate (MM/DD/YYYY)	Gender	Preferred Gender	<b>Citizenship:</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> International Fee-paying <input type="checkbox"/> International Work-or-Study Permit <input type="checkbox"/> Permanent Resident/ Landed Immigrant <input type="checkbox"/> Refugee (3-digit code) ____ ____ ____
Birthplace (Country/Province)	Primary Language Spoken At Home		
Catchment Area School	Last School Attended (City/Prov)		
			<b>Other Info:</b> <input type="checkbox"/> Student is of Aboriginal Ancestry <input type="checkbox"/> Student attended StrongStart <b>Immunization:</b> <input type="checkbox"/> Vaccinated <input type="checkbox"/> Not Vaccinated

## 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)

Last Name	First Name	Relationship to Student	<b>If custody order applies:</b> <input type="checkbox"/> Court Order On File <input type="checkbox"/> Joint Custody <input type="checkbox"/> Sole Custody <input type="checkbox"/> Access Only <input type="checkbox"/> No Access
Email	Cell Phone	Work Phone Home Phone	

## PARENT/LEGAL GUARDIAN #2

Last Name	First Name	Relationship to Student	<b>Relevant Family Information (e.g. Agreements):</b>     
Email	Cell Phone	Work Home Phone	

## 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.)

Emergency Contact 1 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone
Emergency Contact 2 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone
Emergency Contact 3 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone

**Health Information/Medical Concerns:** \_\_\_\_\_

**Is this condition life threatening?** ☐ Yes ☐ No (If yes, Medical Form required with registration) **Care Card #** \_\_\_\_\_

I understand the School District has an Acceptable Use Policy for technology and that my child will be using technology for educational purposes. I also understand that due to the nature of some online technologies being hosted world-wide, it is possible that my child's Full Name, Student ID, School Name, email and classwork, may be stored on premises outside Canada. I am aware that in such cases, Privacy laws of the country hosting the data may apply. I give consent to my child using such online technologies in the manner prescribed by School District #35. I have read and accept the Terms and Conditions of the policy posted at <https://www.sd35.bc.ca/students-parents/registration/aup>

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