



**School District 51 (Boundary)**  
**StongStart 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  <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)  Main Phone _____ Unlisted    Y      N	Street Address _____ _____ Apt. No. _____ City _____ BC Postal Code _____ Proof of Residency <input type="checkbox"/> _____ Mailing Address (if different from above) _____ _____  Last School Attended _____  City & Province _____

PARENTS/GUARDIANS <small>(extra sheets are available if needed)</small>	PARENTS/GUARDIANS
First Name _____ Last Name _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Relationship to Student _____ Contact can pick up Student:    Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student    Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address    Y <input type="checkbox"/> N <input type="checkbox"/> Address _____ City & Province _____ Postal Code _____ Main Phone _____ Cell Phone _____ Email _____ Work Phone _____ Ext. _____ Employed at _____	First Name _____ Last Name _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Relationship to Student _____ Contact can pick up Student:    Y <input type="checkbox"/> N <input type="checkbox"/> Living with Student    Y <input type="checkbox"/> N <input type="checkbox"/> Same as Student Address    Y <input type="checkbox"/> N <input type="checkbox"/> 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 <input type="checkbox"/> N <input type="checkbox"/>
If so, please briefly explain _____	
Have you provided a copy of these legal documents to the school?	Y <input type="checkbox"/> N <input type="checkbox"/>

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 <input type="checkbox"/> N <input type="checkbox"/>	Contact can pick up Student: Y <input type="checkbox"/> N <input type="checkbox"/>
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 <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 <input type="checkbox"/> N <input type="checkbox"/>
Life Threatening Condition _____