



**SCHOOL DISTRICT #35 (LANGLEY)
STUDENT REGISTRATION**

Grade	_____
H/R:	_____
Enrolled Date:	_____
School Year	_____
<i>(office use only)</i>	

_____	_____	_____
Student's Usual Surname	First Name	Middle Name
_____	_____	_____
Legal Surname (if different)	First Name	Middle Name
_____	_____	_____
Street Address	City	Postal Code
_____	_____	_____
Mailing Address (if different)		
_____	_____	_____
Home Phone	Birthdate (Day/Month/Year)	Gender

Student resides with:

[] Both parents
 [] Mother only
 [] Father only
 Other: _____

Citizenship:

[] Canadian Citizen
 [] International-fee-paying
 [] International-work/study permit
 [] Permanent Resident/Landed Immigrant
 [] Refugee 3-digit Code: ____ ____ ____
 Student is of Aboriginal Ancestry [] Yes
 Student attended StrongStart [] Yes

_____	_____	_____	_____
Birthplace (Country/Province)	Primary Language Spoken at Home	Catchment Area School	Last School Attended (City/Prov.)

PARENT/GUARDIAN #1

If custody order applies:

_____	_____	_____	_____	[] Joint Custody
Last Name	First Name	Relation to Student	Home Phone	[] Sole Custody
E-Mail: _____	_____	_____	_____	[] Access Only
	_____	_____	_____	[] No Access
	Cell Phone		Work Phone	

PARENT/GUARDIAN #2

_____	_____	_____	_____	[] Joint Custody
Last Name	First Name	Relation to Student	Home Phone	[] Sole Custody
E-Mail: _____	_____	_____	_____	[] Access Only
	_____	_____	_____	[] No Access
	Cell Phone		Work Phone	

Names/Birthdates of Brothers and Sisters:

Court Order on File

Other relevant family information (e.g. separation agreement)

EMERGENCY/EARTHQUAKE INFORMATION

Parents are always contacted first, however, in the absence of parent(s), student can be released to the care and control of:
 (In the event of an extreme emergency, some parents may be unable to reach the school. Please identify people in the neighbourhood of the school.)

_____	_____	_____
Emergency Contact 1	Relation to Student	Work Phone/Home Phone/Cell Phone
_____	_____	_____
Emergency Contact 2	Relation to Student	Work Phone/Home Phone/Cell Phone
_____	_____	_____
Emergency Contact 3	Relation to Student	Work Phone/Home Phone/Cell Phone

Health Information/Medical Concerns: _____

Is this condition life threatening? [] Yes [] No 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 <http://www.sd35.bc.ca/aup>

****PARENT/GUARDIAN SIGNATURE:** _____

_____ Date

Office Notes: