



# School District #35 (Langley) Student Registration

Office Use - MyEdBC	
YOG:	Grade:
School Year:	
Date:	

STUDENT INFORMATION Please check boxes when applicable.

If enrolled in Strongstart, Location: \_\_\_\_\_  Self-Identified Aboriginal Status ([Form required](#))

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Usual Last Name (if different) \_\_\_\_\_ Usual First Name (if different) \_\_\_\_\_ Usual Middle Name (if different) \_\_\_\_\_

Date of Birth (dd/mmm/yyyy): \_\_\_\_\_ Birthplace (Country/Province): \_\_\_\_\_

Primary Language (Spoken at Home): \_\_\_\_\_ Gender: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Last School Attended (Name/City/Prov): \_\_\_\_\_ [Langley Catchment School](#): \_\_\_\_\_

Street Address (Street/City/Postal): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**SIBBLING (Brother/Sisters) INFORMATION** Name/Date of Birth (DOB – i.e.: 12 MAY 2001) i

1. Name/DOB: _____	2. Name/DOB: _____
3. Name/DOB: _____	4. Name/DOB: _____

Who does the student reside with?  Both Parents  Mother Only  Father Only  Custody Order(s) (**Provide Copy**)

**Child In-Care** (temporary or permanent) **Please provide a copy of Agreement/Court Order.**

**PARENT INFORMATION** (If student is “In-Care” Temporary or Permanent – Social Worker is #1/Caregiver is #2)

**#1 Parent/Legal Guardian**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from Student): \_\_\_\_\_

**#2 Parent/Legal Guardian (If student is “In-Care” Care Provider is #2)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from Student): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Other than Parent/Legal Guardian)**

Emergency Contact #1: First/Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact #2: First/Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact #3: First/Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**HEALTH INFORMATION** Is the condition(s) Life Threatening?  Yes  No If yes, [Medical Form](#) is required.

List Diagnosis (if applicable): \_\_\_\_\_

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

Vaccinated:  Yes  No [Admin. Procedure 312](#)  
Information is accessed should there be the threat of an outbreak or a confirmed case of a communicable disease outbreak.

I am the Parent or Legal Guardian and declare the information on this form to be true. I understand as Parent/Legal Guardian, SD35 (Langley) will request the full student record (file), including all inclusions (if applicable), from last school attended.

**PARENT/LEGAL GUARDIAN – SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

“The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.”