



SCHOOL DISTRICT NO. 57 (Prince George)

School Admission (Policy 5119) Bus Registration (Policy 3541)

School Name _____

Registration Date _____
(First day of attendance)

STUDENT INFORMATION

MyEdBC No. _____

Legal Last Name _____

Legal First Name _____

Usual Last Name _____

Preferred First Name _____

Middle Name(s) _____

Gender Female _____ Male _____

Birth Date (DD-MM-YY) _____

Proof of Age _____

Home Phone No _____

CIVIC ADDRESS

House No. _____ Apt# _____

Street Name _____

City _____

Postal Code _____

Out of Catchment Yes No

If bus student fax this form to 250-561-6809 ___ Yes ___ No
Closest intersecting roads _____

MAILING ADDRESS

Address if different from civic address (e.g. PO Box)

PREVIOUS SCHOOL AND DISTRICT

Previous District _____

Previous School _____

Cross Enrolled School _____

Has student attended a StrongStart Program? _____

ADMISSION INFORMATION (office use only)

Admission Date _____

Grade _____ Division _____

Reason for Admission _____

BACKGROUND INFORMATION

Province & Country of Birth _____

Immigration Status _____

Language Spoken at home _____

ELL/ESD Yes No

Aboriginal Ancestry Yes _____ No _____

Status off Reserve Métis _____ Inuit _____ Non-Status _____

Living on Reserve Yes _____ No _____

If yes, Band Name _____

Is student living independently (e.g., Living with self) Yes ___ No ___

PARENT / GUARDIAN INFORMATION

Last Name _____

First Name _____

Relationship _____

Living with Student Yes No

Address if different from student

Place of Employment _____

Work Phone No. _____

Available at Work Yes No

Home Phone No. _____

Cellular Phone No. _____

E-mail Address _____

Last Name _____

First Name _____

Relationship _____

Living with Student Yes No

Address if different from student

Place of Employment _____

Work Phone No. _____

Available at Work Yes No

Home Phone No. _____

Cellular Phone No. _____

E-mail Address _____

Do you have a specific custody arrangement we should know about? Yes No
If yes, please provide a copy of the court order.

IN SCHOOL SIBLINGS

Last Name	_____	_____	_____	_____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birthday (DD-MM-YY)	_____	_____	_____	_____
Gender	_____	_____	_____	_____

EMERGENCY CONTACT INFORMATION

(Other than Parents who are able to pick up the child/ren)

Emergency Contact No. 1

Emergency Contact No. 2

Last Name _____
First Name _____
 Relationship _____
 Home Phone No. _____
 Work Phone No. _____
 Cellular No. _____

Last Name _____
First Name _____
 Relationship _____
 Home Phone No. _____
 Work Phone No. _____
 Cellular No. _____

MEDICAL INFORMATION

Care Card No. _____

Life-Threatening Illness? Yes No Details _____

Is there a medical diagnosis of Anaphylaxis? _____

Other Health Factors (example: Allergies) _____

Any additional information we should be aware of? _____

Medication(s) to be taken at school? Yes No **If yes, physician form must be on file prior to administering at school.**

Protection of Privacy

The information on this form is collected under the authority of the School Act, section 13. The information will be used for education program purposes, transportation contractor if a bus student, and when required, may be provided to health services, social services or other support services as outlined in section 88 and 91 of the School Act. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Freedom of Information and Protection of Privacy Officer, School District No. 57, 2100 Ferry Avenue, Prince George, B.C. V2L 4R5. Phone (250) 561-6800 Local 319.

Parent / Guardian approval: _____ Date _____
(Signature)

School / Administration Notes: