



# 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: