SCHOOL DISTRICT NO. 57 (Prince George)

StrongStart Registration

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

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? _____

BACKGROUND INFORMATION

Canadian Citizen: Yes _____ No _____

OR:

Country of Birth _____

Immigration Status _____

Language Spoken at home _____

Aboriginal Ancestry: Yes _____ No_____

First Nation:

Status _____ Non-Status _____

Living on Reserve: Yes_____ No_____

Band Name: _____

Métis_____ Inuit_____

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 _____

EMERGENCY CONTACT INFORMATION

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

Emergency Contact No. 1

Last Name _____

First Name _____

Relationship _____

Home Phone No. _____

Work Phone No. _____

Cellular No. _____

Emergency Contact No. 2

Last Name _____

First Name _____

Relationship _____

Home Phone No. _____

Work Phone No. _____

Cellular No. _____

MEDICAL INFORMATION

(Not required however would be helpful)

Personal Health Number _____

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? _____

_____

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 324.

Parent / Guardian approval: _____ Date: _____

(Signature)

School/Administration Notes: