



SCHOOL DISTRICT #35 (LANGLEY)
STUDENT REGISTRATION

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

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 Preferred Gender

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

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: _ _ _

Other Info:

- [] Student is of Aboriginal Ancestry
[] Student attended StrongStart

PARENT/GUARDIAN #1

[] Continuing Custody Order (Agency, e.g. MCFD)

If custody order applies:

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

PARENT/GUARDIAN #2

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

Names/Birthdates of Brothers and Sisters:

[] Court Order on File

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

EMERGENCY CONTACT INFORMATION

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

Emergency Contact 1 (First & Last Name) Relation to Student Home Phone/Cell Phone/Work Phone

Emergency Contact 2 (First & Last Name) Relation to Student Home Phone/Cell Phone/Work Phone

Emergency Contact 3 (First & Last Name) Relation to Student Home Phone/Cell Phone/Work 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 https://www.sd35.bc.ca/students-parents/registration/aup

**PARENT/GUARDIAN SIGNATURE: _____ Date _____

Office Notes: