



# Elementary School REGISTRATION FORM 2015-2016

## COLWOOD

OFFICE USE ONLY	
Reg. Date:	_____
Transfer Req'd:	_____
Date Entered BCeSIS:	_____
File Requested:	_____

### Student Information:

Gender: M/F: \_\_\_ Grade: \_\_\_ Legal Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_

Preferred Surname (if different): \_\_\_\_\_ Preferred First Name (if different): \_\_\_\_\_

Middle Name: \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Proof of Age: Birth Cert.  or \_\_\_\_\_  
Day Month Year

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Involved in: Learning Assistance:  ESL:

Strong Start:  Special Education:  Counselling:  Speech & Language:  French Immersion:

Place of Birth: \_\_\_\_\_ Citizenship (if not Canadian): \_\_\_\_\_

Language: First Language? \_\_\_\_\_ Language at Home? \_\_\_\_\_

Aboriginal Ancestry: No:  / Yes:  Inuit:  Metis:  Non-Status:  Status-Off Reserve:

Status-On Reserve:  Band of Residence Name: \_\_\_\_\_ DIA Number: \_\_\_\_\_

### Parent Information:

Custody of: Mother:  Father:  Both:  Living with: Mother:  Father:  Both:

Court Order? No:  / Yes:  If Yes give details: (Note: A copy of an up-to-date court order **must** be on file with the school)

1) **Mother:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

2) **Father:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contacts:** (Parents will always be contacted first. This list is for back up purposes.)

1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Daycare: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Information:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Care Card # \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_ Life Threatening? Yes:  / No:

Is this child currently on medication: Yes:  / No:  Description: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Registration Date: \_\_\_\_\_