

STUDENT ADMISSION / REGISTRATION / REQUEST FOR RECORDS FORM
School District No. 60 (Peace River North)

BERT AMBROSE ELEMENTARY
9616 115 Ave Fort St John BC V1J 2Y1
Phone: (250) 785-2321 Fax: (250) 785-2386

Admission (today's) date: _____

STUDENT INFORMATION

Gender (Male / Female) _____
Legal Last Name _____
Legal First Name _____
Usual Last Name (if different) _____
Preferred First Name (if different) _____
Middle Name(s) _____
Birth Date (D/M/Y) _____
Birth Certificate or Passport Attached
Home Phone No. _____

GRADE _____

PHYSICAL ADDRESS (911 INFORMATION)

Street # & Name _____
Apartment # _____
City & Prov _____
Postal Code _____

Variance (Yes / No) _____
If Yes, Home School _____

MAILING ADDRESS – only if different from above:

Address _____

KINDERGARTEN ADMISSIONS ONLY:

Student attended Strong Start: (Yes / No) _____

**CONFIRMATION OF INFORMATION, PREVIOUS SCHOOL / DISTRICT INFORMATION and
AUTHORIZATION FOR RELEASE OF STUDENT RECORDS**

Previous District _____
Previous School _____
Previous School's Address _____
Previous School's Phone No. _____ Previous School's Fax No. _____

(I hereby declare that the information provided on this two-page document is true, correct and complete to the best of my knowledge. My signature also authorizes the release of student information and records to the current school.)

PARENT / GUARDIAN SIGNATURE

DATE SIGNED

STUDENT CITIZENSHIP / IMMIGRATION / MISCELLANEOUS

Place of Birth (City & Prov): _____
Country of Birth: _____ Citizen of _____
First Language _____
Language at Home _____
ESL (Yes / No) If Settlement Worker In Schools, please check box

Aboriginal (Yes / No) If Yes, select from below:
 Inuit Non-Status
 Metis Status, Off Reserve
 Status, On Reserve, include Band Number _____
and Band Name: _____

OFFICE USE ONLY:

Registration Date (student in class) _____ Grade _____ Homeroom _____ BCeSIS# _____

PARENT GUARDIAN INFORMATION - for ("Name of Student"

Parent / Guardian (1):

Relationship to student _____
Last Name _____
First Name _____
Living With Student (Yes / No)
Same as Student Address (Yes / No)
Mailing Address (if different) Street _____
City _____ Postal Code _____
Place of Employment _____
Work Phone No. _____
Available at Work (Yes / No)
Home Phone No. _____ Unlisted (Yes / No)
Cellular Phone No. _____
Email Address _____

Parent / Guardian (2):

Relationship to student _____
Last Name _____
First Name _____
Living With Student (Yes / No)
Same as Student Address (Yes / No)
Mailing Address (if different) Street _____
City _____ Postal Code _____
Place of Employment _____
Work Phone No. _____
Available at Work (Yes / No)
Home Phone No. _____ Unlisted (Yes / No)
Cellular Phone No. _____
Email Address _____

Legal Custody: _____ **Living With:** _____ **Court Order: (Yes / No)** _____

SIBLINGS (registered in school)

Last Name	1. _____	2. _____	3. _____	4. _____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birth Date (D/M/Y)	_____	_____	_____	_____
Grade (if applicable)	_____	_____	_____	_____
Gender	(M / F)	(M / F)	(M / F)	(M / F)

EMERGENCY CONTACT INFORMATION - OTHER THAN PARENT(S)

Last Name _____
First Name _____
Relationship to student _____
Home Phone No. _____ Unlisted (Yes / No)
Work Phone No. _____
Cellular Phone No. _____
Email Address _____

Last Name _____
First Name _____
Relationship to student _____
Home Phone No. _____ Unlisted (Yes / No)
Work Phone No. _____
Cellular Phone No. _____
Email Address _____

MEDICAL INFORMATION

Care Card # _____
Health & Medical Conditions or Concerns (Allergies, etc.) _____

Life Threatening (Yes / No)

OTHER REQUIREMENTS

Learning Assistance (Yes / No) Counseling (Yes / No) Special Needs Assistance (Yes / No)

OTHER RELEVANT INFORMATION