



Student Information Form

For Office Use Only

School _____ Date of Registration _____
 BCeSIS # _____ PEN # _____
 Grade _____ Division _____

Student Information

Please Print

Gender Male Female

LEGAL Last Name LEGAL First Name LEGAL Middle Name

USUAL Last Name Preferred First Name Birthdate (DD/MM/YY)

Address Apt. # City Province Postal Code

Home Phone Unlisted? Yes No Previous School District

Name of Previous School Province Country

Has Student attended a Burnaby school or StrongStart Program? Yes No Name of School

Country of Birth Citizen of First Language Spoken

Language Spoken at Home

Aboriginal Ancestry Information Status On Reserve Off Reserve Metis Inuit Non Status

Citizenship Status Canadian Citizen Permanent Resident/Landed Immigrant Refugee/Claimant International

For Office Use Only International Student – Funding Eligible International Student Funding Not Eligible

Parents Work Permit - Expiry Date _____ Parents Study Permit – Expiry Date _____

Parent / Guardian Information

Student lives with Both Parents Mother Only Father Only Custody Order Legal Guardian Other

Parent / Guardian 1 Relationship to Student

Last Name First Name

Address (if different from student)

Home Phone Work Phone Cell Phone E-Mail

Parent / Guardian 2 Relationship to Student

Last Name First Name

Address (if different from student)

Home Phone Work Phone Cell Phone E-Mail

Emergency Contact Information

Emergency Contact 1 (if parents/guardians cannot be reached)

Last Name _____ First Name _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____ Language Spoken _____

Emergency Contact 2 (if parents/guardians cannot be reached)

Last Name _____ First Name _____ Relationship to Student _____
Home Phone _____ Work Phone _____ Cell Phone _____ Language Spoken _____

Student Medical Health Information

Doctor Name _____ Doctor Phone _____ Care Card # _____
Special Medical Concerns? Yes No If yes, please list details on the District Medical Information Forms
Immunization Records – Photocopies Attached? Yes No

Sibling Information (Only Siblings attending schools or StrongStart programs within the Burnaby School District)

Sibling 1 Last Name _____ First Name _____ Male _____ Female _____ Birthdate _____
Sibling 2 Last Name _____ First Name _____ Male _____ Female _____ Birthdate _____
Sibling 3 Last Name _____ First Name _____ Male _____ Female _____ Birthdate _____

The information on this form is collected under the authority of the *School Act*, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79 (2) of the *School Act*. The information collected on this form will be protected consistent with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the information recorded on this form, please contact the School Administration.



I certify that the information provided on this form is correct and valid of this date.

Parent / Guardian Signature _____ Date _____

Administrator's Signature _____ Date _____

Information and Documentation – For Office Use Only

Admission Status

- Student Resides in School Attendance Area
- Student Attends Licensed Childcare in School Attendance Area
- Cross District Transfer
- District Language Program Applicant

Documents/Attachments

- Proof of Citizenship/Immigration Status
- Proof of Age Birth Certificate Passport Other
- Proof of Residency Proof of Licensed Childcare Address
- Copy of Legal Alert/Court Orders
- Medical Alert Forms Filled out (if applicable)

English Language Assessment Required