



SCHOOL DISTRICT NO. 6 (Rocky Mountain)

JUSTB4 / StrongStart Registration Form

CHILD'S INFORMATION

Legal last name _____
Legal first name _____
Legal middle name (s) _____
Usual last name _____
Usual first name _____
Usual middle name _____
Gender _____

Date of birth (M/D/Y) _____ Age _____
Birth certificate number _____ Attached (Y/N)
BC personal health number _____ Attached (Y/N)
Home phone number _____ Unlisted (Y/N)

ADMISSION INFORMATION

Registration date _____
Reason for registration (select one)
____ Strong Start ____ JUSTB4

Withdrawal date _____
Neighbourhood school _____

CITIZENSHIP, LANGUAGE, AND CULTURE

Country of birth _____
Country of citizenship _____
Home language _____
Language most used _____
First language _____
Immigration status _____
Entry date _____ Expiry Date _____

PROPERTY ADDRESS

Street address _____ Apt # _____
PO Box _____
Municipality _____
Province _____ Postal code _____

MAILING ADDRESS

Same as property address? (Y/ N)
Address _____

Which location(s) do you plan to attend StrongStart?

ABORIGINAL ANCESTRY

____ Inuit ____ Metis ____ Non-status
____ Status Off-Reserve ____ Status On-Reserve Band
Band of origin _____
Band of residence _____
Status card number _____

PERMISSIONS (for office use)

Send email and autodialer calls? (Y/ N)
Release of info/photos outside of district?
(Y/ N)

Off-site outdoor classroom activities? (Y/ N)
Release to media? (Y/ N)

PARENT/GUARDIAN INFORMATION

Custody _____ **Living with** _____ **Court Access** _____

Parent/Guardian Relationship _____

Legal last name _____

Legal first name _____

Home phone number _____ Unlisted (Y/N)

Cell phone number _____

Email _____

Child lives with? (Y/ N)

Child pick up? (Y/ N)

Same address as child? (Y/ N)

Address (if different) _____

Place of employment _____

Work phone number _____

Available at work (Y/ N)

Use this information for emergency contact?(Y/ N)

Parent/Guardian Relationship _____

Legal last name _____

Legal first name _____

Home phone number _____ Unlisted (Y/N)

Cell phone number _____

Email _____

Child lives with? (Y/ N)

Child pick up? (Y/ N)

Same address as child? (Y/ N)

Address (if different) _____

Place of employment _____

Work phone number _____

Available at work (Y/ N)

Use this information for emergency contact? (Y/ N)

SIBLINGS

Last name: 1. _____ 2. _____ 3. _

First name: 1. _____ 2. _____ 3. _

Relationship: 1. _____ 2. _____ 3. _

Date of birth (M/D/Y): 1. _____ 2. _____ 3. _

Gender: 1. _____ 2. _____ 3. _

DAYCARE PROVIDER

Name _____

Phone number _____

EMERGENCY CONTACT INFORMATION

Additional emergency contact

Relationship _____
Last name _____
First name _____
Phone number _____ Unlisted (Y/N)
Place of employment _____
Work phone number _____
Available at work (Y/ N)
Email address _____
Address _____

Can this person pick up the student? (Y/ N)

Additional emergency contact

Relationship _____
Last name _____
First name _____
Phone number _____ Unlisted (Y/N)
Place of employment _____
Work phone number _____
Available at work (Y/ N)
Email address _____
Address _____

Can this person pick up the student? (Y/ N)

MEDICAL INFORMATION

Doctor _____ Phone number _____
Dentist _____ Phone number _____

Allergies/health conditions/health factors:

Life threatening? Y/ N

Parent/Guardian Signature _____ Date _____

The information on this form is collected under the authority of the *School Act*. Information is used by the District for Ministry of Education and Child Care reporting; demographic, enrollment, budget, facility and operational analysis. It will be kept secure and confidential in accordance with the *Freedom of Information and Protection of Privacy Act*.