School District #35 (Langley) Student Registration

Office Use - MyEdBC	
YOG:	Grade:
School Year:	
Date:	

STUDENT INFORMATION

☐ Please ✓ box if student attended StrongStart ☐ Please ✓ box if Self-Identified Aboriginal Status (Complete Form)

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

Usual Last Name (if different) _____ Usual First Name (if different) _____ Usual Middle Name (if different) _____

Date of Birth (dd/mmm/yyyy): _____ Birthplace (Country/Province): _____

Primary Language (Spoken at Home): _____ Gender: _____ Gender Identity: _____

Last School Attended (Name/City/Prov): _____ Langley Catchment School: _____

Street Address (Street/City/Postal): _____

Mailing Address (if different): _____

Who does the student reside with? ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Custody Order(s) **(Provide Copy)**

☐ Please ✓ box if **Child In-Care** (temporary or permanent) **Please provide a copy of Agreement/Court Order**.

PARENT INFORMATION (If student is "In-Care" Temporary or Permanent – Social Worker is #1/Care Provider is #2)

#1 Parent/Legal Guardian

First Name: _____ Last Name: _____ Relationship to Child: _____

Email: _____ Phone: _____ Work Phone: _____

Address (if different from student): _____

#2 Parent/Legal Guardian (If student is "In-Care" Care Provider is #2)

First Name: _____ Last Name: _____ Relationship to Child: _____

Email: _____ Phone: _____ Work Phone: _____

Address (if different from student): _____

EMERGENCY CONTACT INFORMATION (Other than Parent/Legal Guardian)

Emergency Contact #1: First/Last Name _____ Phone Number _____ Relationship to Child _____

Emergency Contact #2: First/Last Name _____ Phone Number _____ Relationship to Child _____

Emergency Contact #3: First/Last Name _____ Phone Number _____ Relationship to Child _____

HEALTH INFORMATION Is the condition(s) Life Threatening? ☐ Yes ☐ No If yes, Medical Form is required.

☐ Please ✓ box if child has a diagnosis: (i.e., Autism, Down Syndrome, Type 1 Diabetes, etc.) – Provide Assessments and reports.

☐ Please ✓ box if child has a current Individual Education Plan (IEP). Provide copy

Comments:

Care Card Number: _____ Vaccinated: ☐ Yes ☐ No Admin. Procedure 312

SIBLING INFORMATION (Brother/Sister) Name/Date of Birth (DOB – dd/mm/yyyy)

1. Name/DOB: _____ 2. Name/DOB: _____

3. Name/DOB: _____ 4. Name/DOB: _____

I understand as Parent/Legal Guardian, SD35 (Langley) will request the full student record (file), including all inclusions (if applicable), from last school attended.

PARENT/LEGAL GUARDIAN – SIGNATURE: _____ DATE: _____

"The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program 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 your School Administrator."