

STUDENT INFORMATION FORM

For Office Use Only

School _____ Registration Date _____
MyEdBC # _____ PEN # _____
Grade _____ Division _____

Student Information *(please print)*

Gender ☐ MALE ☐ FEMALE

LEGAL

Last Name

USUAL

Last Name

LEGAL

First Name

Preferred

First Name

LEGAL

Middle Name

Birthdate

(DD/MM/YY)

Home Phone

Unlisted? ☐ YES ☐ NO

Address

Apt. #

City

Province

Postal Code

Name of Previous School

District

Prov/Country

Has Student attended a Burnaby school or StrongStart Program? ☐ YES ☐ NO

Name of School

Identified Learning Needs/Special Needs (diagnosis, Ministry of Education Designation) ☐ YES ☐ NO

Student currently has an **Individualized Education Plan** (IEP)

☐ YES ☐ NO

Country of Birth

Citizen of

First Language Spoken

Language Spoken at Home

Aboriginal Ancestry? ☐ YES ☐ NO If yes, please specify: ☐ On Reserve ☐ Off Reserve ☐ Metis ☐ Inuit ☐ Non Status

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☐ International Student – Funding Eligible
(work/study permit)

☐ International Student Funding Not Eligible
(fee paying)

☐ Parents Work Permit - Expiry Date _____

☐ Parents Study Permit - Expiry Date _____

Parent/Guardian Information *(please print)*

Parent/Guardian 1

Relationship to Student

Lives with student? ☐ YES ☐ NO Has custody? ☐ YES ☐ NO

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

LEGAL Last Name

LEGAL First Name

USUAL Last Name

USUAL First Name

Address (if different from student)

Home Phone

Work

Cell

Email

Parent/Guardian 2

Relationship to Student

Lives with student? ☐ YES ☐ NO Has custody? ☐ YES ☐ NO

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

LEGAL Last Name

LEGAL First Name

USUAL Last Name

USUAL First Name

Address (if different from student)

Home Phone

Work

Cell

Email

Emergency Contact Information

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

Can pick up student? ☐ YES ☐ NO

Last Name

First Name

Relationship to Student

Home Phone

Work

Cell

Language Spoken

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

Can pick up student? ☐ YES ☐ NO

Last Name

First Name

Relationship to Student

Home Phone

Work

Cell

Language Spoken

Out-of-Area Contact (sequence 88)

Last Name

First Name

Relationship to Student

Contact Phone

City/Country

Student Medical Health Information

Doctor (sequence 99)

Doctor Name

Phone

Care Card #

Special Medical Concerns? ☐ YES ☐ NO

If yes, please list details on the District Medical Information Forms

Immunization Records – copies attached?

☐ YES ☐ NO

Sibling Information (only for siblings attending schools or StrongStart programs within the Burnaby School District)

Sibling 1 Last Name

First Name

☐ M ☐ F Birthdate

Sibling 2 Last Name

First Name

☐ M ☐ F Birthdate

Sibling 3 Last Name

First Name

☐ M ☐ F 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 completed (if applicable)

☐ English Language Assessment Required