



# SCHOOL DISTRICT 84 School Registration Form

## Continuing Education

### Personal Information

There are times when others involved in school related activities, wish to have contact with students to consult with them directly about school issues. If you do not consent to release your name, home address and phone number please indicate below.

Note: Personal information will not be disclosed to anyone for business or commercial purposes.

No, I do not permit the release of my name, home address and phone number for purposes consistent with the above.

### Release of Student Photographs/Media

Occasionally, district staff and the media photograph students or student groups to commemorate events taking place in our school or community.

Consent for the release of your name, photo and comments is required. Students' names, photos and comments may be published, as authorized by the school in places such as yearbooks, newsletters, and/or the news media. If you do not consent to permit the publication of your name, photo and comments for purposes consistent with the above please indicate below.

No, I do not permit the publication of my name, photo and comments for purposes consistent with the above.

### District Network User Agreement

I \_\_\_\_\_  
Have read the Network Access letter and Computer Network and Internet Acceptable Use Policy and Regulations (E.31). I understand the regulations and agree to use the school network in an acceptable way.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
*Please Print*

Date Signed: \_\_\_\_\_

### STUDENT INFORMATION - PLEASE PRINT

Student's Legal Name: \_\_\_\_\_  
Last Name First Name Full Middle Name(s)

Student's Usual Name: \_\_\_\_\_  
Last Name First Name Middle

Name called at school: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Street/House Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ dd/mm/year Gender: \_\_\_\_\_ (M/F)

Birth Certificate Registration No.: \_\_\_\_\_

Care Card No.: \_\_\_\_\_

Name and number of a relative or friend to be contacted in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Immigration/Miscellaneous:

Country of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Immigration Status: \_\_\_\_\_

Entry Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### Aboriginal Ancestry Information:

Inuit  Metis  Non-Status  Status - Off Reserve  Status - On Reserve

Band : \_\_\_\_\_ Band Affiliation: \_\_\_\_\_

**HEALTH INFORMATION:**

Family Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Anaphylaxis and/or history of severe allergic response? Yes  No

Severe Asthma - immediate medical treatment required? Yes  No

If Yes, Provide information  
\_\_\_\_\_

This student is currently on regular medication for:  
\_\_\_\_\_

Authorization for Medication Form Needed? Yes  No

Can this student take part in regular physical activities? Yes  No

Disabilities: \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions and Special Medical Instructions (Physical and Mental Health) *Note:* These matters can be discussed in privacy with the Principal rather than noted below. Please indicate if you would like to meet with the Principal : Yes  No  *(please use additional page if necessary)*

**Signature:** \_\_\_\_\_

**Name (Please Print):** \_\_\_\_\_ **Student**

**Date:** \_\_\_\_\_

**Office Use Only:**

Name of Previous School: \_\_\_\_\_

Address of Previous School: \_\_\_\_\_

Ministry PEN: \_\_\_\_\_ School Student#: \_\_\_\_\_