

Ray Watkins Elementary School StrongStart

Box 190
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For Office Use Only	YOG:
PEN:	Grade:
Date:	Pupil Number:
Previous School:	
Alerts: Y N	BC: Y N CC: Y N SC: Y N
Personal Information: Y N	Photo/Media: Y N

Student:

Legal Last Name:	Mailing Address:
Legal First Name:	
Legal Middle Name (s):	Street Address:
Usual Last Name:	
Usual First Name:	Postal Code:
Date of Birth:	Gender:
Age:	Email:
	Personal Health Number:

Parent Guardian Information with whom student resides:

1) Name:	Home/Cell Phone:
Relationship to Student:	Work Phone:
2) Name:	Home/Cell Phone:
Relationship to Student:	Work Phone:

Parent or Guardian with whom the student **DOES NOT** reside:

Emergency Contact Information: Can this contact person pickup the student: Yes No

Emergency Contact 1:	Home Phone:	Work:
	Cell Phone:	Relationship:
Emergency Contact 2:	Home Phone:	Work:
	Cell Phone:	Relationship:

Citizenship:

Country:	Visa Status:	Expiration:
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Aboriginal Ancestry:

Metis <input type="checkbox"/>	Status-On Reserve <input type="checkbox"/>	Non-Status <input type="checkbox"/>
Inuit <input type="checkbox"/>	Status-Off Reserve <input type="checkbox"/>	
Band of Origin:	Band of Residence:	Status Number:

Language:

At Home:	Most Used:	First:
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Student Medical Alerts - Life Threatening?

Doctor's Name:	Phone:
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Description:

Medical Conditions and Special Medical Instructions:

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 <input type="checkbox"/>	No <input type="checkbox"/>
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Description:

Please read and check No if necessary: (Personal information will not be disclosed to anyone for business or commercial purposes)

<p><u>Personal Information</u> There are times when PAC or others involved in school related activities, wish to have contact with parents to consult with them directly about school issues. Therefore, we request your consent to release your current name, home address and phone number. If you do not want this information released please check the box below.</p> <p><input type="checkbox"/> No, I do not permit the release of my home address and phone number for purposes consistent with the above.</p>	<p><u>Release of Student Photographs/Media</u> Occasionally, district staff and the media photograph students or student groups to commemorate events taking place in our District. Consent for the release of your child's 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 please check the box below.</p> <p><input type="checkbox"/> No, I do not permit the publication of my child's name, photo and comments for purposes consistent with the above.</p>
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Signature:
Name (please print):
Date: