



# Student Information Form

*For Office Use Only*

School \_\_\_\_\_ Date of Registration \_\_\_\_\_  
 MyEdBC # \_\_\_\_\_ PEN # \_\_\_\_\_  
 Grade \_\_\_\_\_ Division \_\_\_\_\_

## Student Information

*Please Print*

Gender Male Female

LEGAL Last Name LEGAL First Name LEGAL Middle Name  
 USUAL Last Name Preferred First Name Birthdate (DD/MM/YY)  
 Address Apt. # City Province Postal Code  
 Home Phone Unlisted? Yes No Previous School District  
 Name of Previous School Province Country  
 Has Student attended a Burnaby school or StrongStart Program? Yes No Name of School  
 Country of Birth Citizen of First Language Spoken  
 Language Spoken at Home  
 Aboriginal Ancestry Information Status On Reserve Off Reserve Metis Inuit Non Status  
 Citizenship Status Canadian Citizen Permanent Resident/Landed Immigrant Refugee/Claimant International

**For Office Use Only**  International Student – Funding Eligible  International Student Funding Not Eligible  
 Parents Work Permit - Expiry Date \_\_\_\_\_  Parents Study Permit – Expiry Date \_\_\_\_\_

## Parent / Guardian Information

Student lives with Both Parents Mother Only Father Only Custody Order Legal Guardian Other

**Parent / Guardian 1** Relationship to Student  
 Last Name First Name  
 Address (if different from student)  
 Home Phone Work Phone Cell Phone E-Mail

**Parent / Guardian 2** Relationship to Student  
 Last Name First Name  
 Address (if different from student)  
 Home Phone Work Phone Cell Phone E-Mail

## Emergency Contact Information

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Language Spoken \_\_\_\_\_

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Language Spoken \_\_\_\_\_

## Student Medical Health Information

Doctor Name \_\_\_\_\_ Doctor Phone \_\_\_\_\_ Care Card # \_\_\_\_\_  
Special Medical Concerns? Yes No If yes, please list details on the District Medical Information Forms  
Immunization Records – Photocopies Attached? Yes No

## Sibling Information (Only Siblings attending schools or StrongStart programs within the Burnaby School District)

Sibling 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_  
Sibling 2 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_  
Sibling 3 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ 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 Filled out (if applicable)

English Language Assessment Required