

**SCHOOL DISTRICT #6 (Rocky Mountain)**  
**Student Registration Form**

**STUDENT**

Legal Last Name \_\_\_\_\_  
Legal First Name \_\_\_\_\_  
Usual Last Name \_\_\_\_\_  
Preferred First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Gender \_\_\_\_\_ (M/F)  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
Proof of Age on File \_\_\_\_\_ (Y/N)  
Home Phone Number \_\_\_\_\_

**ADMISSION INFORMATION**

Reason \_\_\_\_\_  
Date \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**1.** Relationship \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Living With Student \_\_\_\_\_ (Y/N)  
Same as Student Address \_\_\_\_\_ (Y/N)  
Address \_\_\_\_\_  
Language \_\_\_\_\_  
Speaks English \_\_\_\_\_ (Y/N)  
Willing to Volunteer \_\_\_\_\_ (Y/N)  
Work/Employment \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Available at Work \_\_\_\_\_ (Y/N)  
Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Additional Information \_\_\_\_\_

**EMERGENCY CONTACTS**

**1.** Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Work Place \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Call Sequence \_\_\_\_\_  
Can this person pick up the student? \_\_\_\_\_ (Y/N)

**HOMEROOM TEACHER** \_\_\_\_\_

**PROPERTY ADDRESS**

Street # and Name \_\_\_\_\_ Apt # \_\_\_\_\_  
Municipality \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
X-Boundary \_\_\_\_\_ (Y/N) School \_\_\_\_\_

**MAILING ADDRESS** Same as Property Address \_\_\_\_\_ (Y/N)

**PREVIOUS SCHOOL DISTRICT**

District \_\_\_\_\_  
Previous School \_\_\_\_\_  
Address and Phone Number \_\_\_\_\_

**2.** Relationship \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Living With Student \_\_\_\_\_ (Y/N)  
Same as Student Address \_\_\_\_\_ (Y/N)  
Address \_\_\_\_\_  
Language \_\_\_\_\_  
Speaks English \_\_\_\_\_ (Y/N)  
Willing to Volunteer \_\_\_\_\_ (Y/N)  
Work/Employment \_\_\_\_\_  
Occupation \_\_\_\_\_  
Work Phone Number \_\_\_\_\_  
Available at Work \_\_\_\_\_ (Y/N)  
Home Phone Number \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Additional Information \_\_\_\_\_

**2.** Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Home Phone Number \_\_\_\_\_  
Work Place \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Call Sequence \_\_\_\_\_  
Can this person pick up the student? \_\_\_\_\_ (Y/N)

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**CITIZENSHIP/IMMIGRATION**

Country of Birth \_\_\_\_\_  
Citizen of \_\_\_\_\_  
Language \_\_\_\_\_  
Language at Home \_\_\_\_\_  
Language Most Used \_\_\_\_\_  
Immigration Status \_\_\_\_\_  
Entry Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**ABORIGINAL ANCESTRY INFORMATION**

Aboriginal Ancestry  
\_\_\_ Inuit \_\_\_ Metis \_\_\_ Non-Status  
\_\_\_ Status Off-Reserve \_\_\_ Status-On Reserve  
Band of Residence Name \_\_\_\_\_  
Band of Resident Number \_\_\_\_\_  
Ab Ed Program Requested \_\_\_\_\_ (Y/N)

**MEDICAL**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Care Card Number \_\_\_\_\_  
Allergies/Health Conditions \_\_\_\_\_  
\_\_\_\_\_  
Life Threatening \_\_\_\_\_ (Y/N)  
Other \_\_\_\_\_  
\_\_\_\_\_  
Health Factors \_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS**

Name	1. _____	2. _____	3. _____	4. _____
Relationship	_____	_____	_____	_____
Age	_____	_____	_____	_____
Grade	_____	_____	_____	_____
Gender	_____ (M/F)	_____ (M/F)	_____ (M/F)	_____ (M/F)
School	_____	_____	_____	_____

**MISCELLANEOUS STUDENT INFORMATION**

Parental Authority for Field Trips \_\_\_\_\_ (Y/N)  
Parental Authority for Media Coverage \_\_\_\_\_ (Y/N)  
(student photos published in newsletter,  
newspapers, etc)  
Internet Access \_\_\_\_\_ (Y/N)  
Permission to Walk Home \_\_\_\_\_ (Y/N)  
Permission to Ride Bike Home \_\_\_\_\_ (Y/N)  
Permission for the school to release home  
phone number to PAC for Hot Lunch  
notices or a phoning tree for special events \_\_\_\_\_ (Y/N)  
In Case of Emergency Closure  
Please number in correct sequence.  
Call Emergency Contact \_\_\_\_\_  
Call Home/Parent \_\_\_\_\_  
Retain at School \_\_\_\_\_  
Send Home \_\_\_\_\_  
Send to Daycare \_\_\_\_\_

**CUSTODY INFORMATION**

Custody \_\_\_\_\_  
Living with \_\_\_\_\_  
Court Documents provided \_\_\_\_\_ (Y/N)

**DAYCARE PROVIDER**

Name \_\_\_\_\_  
Phone \_\_\_\_\_

<p><b>Further Information</b></p> _____ _____ _____ _____
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\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE