



**SCHOOL DISTRICT #35 (LANGLEY)  
STUDENT REGISTRATION**

*(office use only)*

Grade: \_\_\_\_\_  
Home Room: \_\_\_\_\_  
Enrolled Date: \_\_\_\_\_  
School Year: \_\_\_\_\_

**STUDENT INFORMATION**

Usual Surname	First Name	Middle Name	<b>Student Resides With:</b> [ ] Both parents [ ] Mother parents [ ] Father parents [ ] Other (Please Specify)
<b>Legal Surname (if different)</b>	First Name	Middle Name	
Street Address	City	Postal Code	
Mailing Address (if different)	Home Phone		
Birthdate (MM/DD/YYYY)	Gender	Preferred Gender	<b>Citizenship:</b> [ ] Canadian Citizen [ ] International Fee-paying [ ] International Work-or-Study Permit [ ] Perm. Resident or Landed Immigrant [ ] Refugee (3-digit code) _____
Birthplace (Country/Province)	Primary Language Spoken At Home		<b>Other Info:</b> [ ] Student is of Aboriginal Ancestry [ ] Student attended StrongStart
Catchment Area School	Last School Attended (City/Prov)		<b>Immunization:</b> [ ] Vaccinated [ ] Not Vaccinated

**PARENT/LEGAL GUARDIAN #1**

[ ] Please indicate if student has Continuing Custody Order or In-Care (Agency, e.g. MCFD – Social Worker is Legal Guardian #1)

Last Name	First Name	Relationship to Student		<b>If custody order applies:</b> [ ] Court Order On File [ ] Joint Custody [ ] Sole Custody [ ] Access Only [ ] No Access
Email	Cell Phone	Work Phone	Home Phone	
<b>PARENT/LEGAL GUARDIAN #2</b>				
Last Name	First Name	Relationship to Student		

Email	Cell Phone	Work Phone	Home Phone	<b>Relevant Family Information (e.g. Agreements):</b> _____ _____ _____ _____
<b>Brothers/Sisters</b>	1.			
Names/Birthdates (MMDDYYYY)	2.			
	3.			
	4.			

**EMERGENCY CONTACT INFORMATION**

**Parents/Legal Guardians are contacted first, however,** in the absence of a parent/legal guardian; student can be released to the care and control of:  
(In the event of an extreme emergency, some parents/legal guardians may be unable to reach the school. Please identify people in the neighbourhood of the school.)

Emergency Contact 1 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone
Emergency Contact 2 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone
Emergency Contact 3 (First & Last Name)	Relation to Student	Home Phone/Cell Phone/Work Phone

**Health Information/Medical Concerns:** \_\_\_\_\_

**Is this condition life threatening?** [ ] Yes [ ] No (If yes, Medical Form required with registration) **Care Card #** \_\_\_\_\_

I understand the School District has an Acceptable Use Policy for technology and that my child will be using technology for educational purposes. I also understand that due to the nature of some online technologies being hosted world-wide, it is possible that my child's Full Name, Student ID, School Name, email and classwork, may be stored on premises outside Canada. I am aware that in such cases, Privacy laws of the country hosting the data may apply. I give consent to my child using such online technologies in the manner prescribed by School District #35. I have read and accept the Terms and Conditions of the policy posted at <https://www.sd35.bc.ca/students-parents/registration/aup>

**\*\*PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_