

LAKE TRAIL MIDDLE SCHOOL
SCHOOL DISTRICT NO. 71 (COMOX VALLEY)
Student Registration Form

CURRENT GRADE _____
TODAY'S DATE _____
 (Admission Date)

LEGAL NAME: _____
 (LAST) (FIRST) (MIDDLE) (USUAL FIRST NAME IF DIFFERENT)

STUDENT'S ADDRESS: _____ **CITY:** _____ **POSTAL CODE:** _____

DATE OF BIRTH: _____ (DD-MMM-YYYY) **PLACE OF BIRTH:** _____

SEX: M F **COPY OF BIRTH CERTIFICATE PROVIDED?** Y N

LAST SCHOOL ATTENDED: _____ **City:** _____ **Province:** _____

ABORIGINAL ANCESTRY: Yes () No () **BAND NAME & NUMBER:** _____
 STATUS: On Reserve () Off Reserve () Metis () Inuit () Non-Status ()

FIRST LANGUAGE SPOKEN: _____ **LANGUAGE MOST USED:** _____

PARENT/GUARDIAN INFORMATION

Student Lives With: _____ (Mother&Father, Mother&Step-Father, Joint Custody, Guardian, etc.)

Parent #1 Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____ **City:** _____ **Postal Code:** _____ **Cell:** _____

Employer: _____ **Phone:** _____ **E-mail:** _____

Parent #2 Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____ **City:** _____ **Postal Code:** _____ **Cell:** _____

Employer: _____ **Phone:** _____ **E-mail:** _____

Parent #3 Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____ **City:** _____ **Postal Code:** _____ **Cell:** _____

Employer: _____ **Phone:** _____ **E-mail:** _____

Parent #4 Name: _____ **Relationship:** _____ **Phone:** _____

Address: _____ **City:** _____ **Postal Code:** _____ **Cell:** _____

Employer: _____ **Phone:** _____ **E-mail:** _____

PARENT INVOLVEMENT IN SCHOOL: Our policy is to encourage involvement of a child's parents in their education. It is the registering parent's responsibility to ensure that the parent/guardian information section of the registration form is complete and accurate. If legal papers and/or court documents exist regarding custody, guardianship or limitations placed in the involvement of one parent please be sure to submit a copy with the registration form. If concerns exist regarding the involvement of a parent, please inform the administration.

COURT ORDER IN EFFECT? YES or NO **School has copy?** YES or NO
SIBLINGS in SD 71? _____ **At our School?** YES or NO

EMERGENCY INFORMATION: In an emergency (earthquake, illness or accident, impassable bridges) the school requires the name and phone number of at least two contacts that your child may be released to when the guardian is not available.

Name: _____ **Relationship:** _____ **Phone:** _____ **Cell:** _____

Name: _____ **Relationship:** _____ **Phone:** _____ **Cell:** _____

Name: _____ **Relationship:** _____ **Phone:** _____ **Cell:** _____

Name: _____ **Relationship:** _____ **Phone:** _____ **Cell:** _____

MEDICAL INFORMATION: **DOCTOR:** _____ **PHONE:** _____

Care Card No. _____ **DENTIST:** _____ **PHONE:** _____

SPECIAL MEDICAL INSTRUCTIONS: (medical alerts, allergies, etc.) _____

LEARNING NEEDS (Learning Assistance, Modified Program, etc.) _____

 Parent Signature

OFFICE USE ONLY			
Student No _____	Div(AG) No. _____	Teacher: _____	X-Boundary _____
Registration Date _____ (First Day of Attendance)	STUDENT RECORDS: Requested _____		Received _____