

District Student Registration



SCHOOL DISTRICT NO. 87 (Stikine)

P.O. BOX 190
DEASE LAKE, B.C. V0C 1L0
Tel. (250) 771-4440
Fax (250) 771-4441

SCHOOL: _____ DATE OF REGISTRATION: _____

Student Information

Gender: Male Female Other _____

Legal Last Name _____

Legal First Name _____

Legal Middle Name _____

Usual Last Name _____

Usual First Name _____

Birthdate (DD/MM/YY) _____

Birth Certificate Attached

Other Proof of Age Attached

Care Card No. _____

Home Phone Number _____

Physical Address _____

Mailing Address _____

Grade _____

Previous School _____

Previous School District _____

Country & Province of Birth _____

Canadian Citizen Yes No

If no citizen of _____

First Language Spoken _____

Language at home _____

Aboriginal Ancestry (Please answer voluntarily)

Yes No If yes band _____

Is the student primary residence located on reserve land ?

Yes No Band of Residence _____

Custody Information

Custody _____

Living with _____

Do the Courts have access Yes No

If yes which agency? _____

Parent/Guardian Information

Relationship to Student _____

Last Name _____

First Name _____

Living with Student Yes No

Address – Same as Students Yes No

Address (If Different) _____

Home Phone – Same as Students Yes No

Home Phone (If Different) _____

Place of Employment _____

Work Phone _____

Available at Work? Yes No

Parent/Guardian Information

Relationship to Student _____

Last Name _____

First Name _____

Living with Student Yes No

District Student Registration

Address – Same as Students Yes No
Address (If Different) _____

Home Phone – Same as Students Yes No
Home Phone (If Different) _____
Place of Employment _____
Work Phone _____
Available at Work? Yes No

Student's Siblings

Sibling # 1

Last Name _____
First Name _____
Gender Male Female
Birthdate (DD/MM/YY) _____
Relationship _____

Sibling # 2

Last Name _____
First Name _____
Gender Male Female
Birthdate (DD/MM/YY) _____
Relationship _____

Sibling # 3

Last Name _____
First Name _____
Gender Male Female
Birthdate (DD/MM/YY) _____
Relationship _____

Sibling # 4

Last Name _____
First Name _____
Gender Male Female
Birthdate (DD/MM/YY) _____
Relationship _____

(Attach separate sheet if more space is required)

Emergency Contact Information

Relationship _____
Last Name _____
First Name _____
Address _____

Phone Number _____
Work Phone _____
Available at Work? Yes No

Medical Issues

Allergies & Health Conditions _____

Parent/Guardian Signature _____ Date _____

Copy to: Parent/Teacher/Principal/Superintendent