

**ATTACHMENT 'A' POLICY 310**  
**SCHOOL DISTRICT #28 (Quesnel) School Name \_\_\_\_\_**  
**Student Admission Form**

**STUDENT INFORMATION**

Gender Male  Female   
 Legal Last Name \_\_\_\_\_  
 Legal First Name \_\_\_\_\_  
 Usual Last Name \_\_\_\_\_  
 Usual First Name \_\_\_\_\_  
 Middle Name(s) \_\_\_\_\_  
 Birth Date: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  
 Birth Certificate or Proof of Age Provided   
 Home Phone: \_\_\_\_\_

**STUDENT PROPERTY ADDRESS**

Street # & Name \_\_\_\_\_  
 \_\_\_\_\_  
 Apt # \_\_\_\_\_ City \_\_\_\_\_  
 Postal Code \_\_\_\_\_

**MAILING ADDRESS**

Same as Property Address?   
 If No, Address \_\_\_\_\_  
 \_\_\_\_\_

**ADMISSION INFORMATION**

Admission Date \_\_\_\_\_  
 Grade \_\_\_\_\_ French Immersion

**PREVIOUS SCHOOL/DISTRICT**

Previous Town/District \_\_\_\_\_  
 Previous School/Strongstart \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**SIBLINGS:** You may include siblings who are attending a different school

	1.	2.	3.	4.
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

**CITIZENSHIP**

Country & Province of Birth \_\_\_\_\_  
 First Language Spoken \_\_\_\_\_  
 Language Spoken at Home \_\_\_\_\_  
 Citizenship \_\_\_\_\_

**Aboriginal Ancestry:**

Yes  No  
 Status Off Reserve  Metis  Inuit  Non-Status   
 Status On Reserve  : Band of Residence \_\_\_\_\_  
 DIA # \_\_\_\_\_

**Custody Information:** *If there are any custody issues with this student, legal documentation must be brought into the school.*

**PARENT/GUARDIAN**

Relationship \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Living With Student?  Same as Student Address?   
 Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_ Available at Work?   
 Home Phone Number \_\_\_\_\_  
 Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**PARENT/GUARDIAN**

Relationship \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Living With Student?  Same as Student Address?   
 Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 Place of Employment \_\_\_\_\_  
 Work Phone Number \_\_\_\_\_ Available at Work?   
 Home Phone Number \_\_\_\_\_  
 Cell # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Please Turn Over....**

**SCHOOL DISTRICT #28 (Quesnel) School Name \_\_\_\_\_**  
**Student Admission Form Continued**

**Emergency Contacts:**

**Note:** Parents should contact all emergency contacts listed below to ensure they know they are being listed as an emergency contact.

**EMERGENCY CONTACT ONE**

Relationship \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Work Place \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cellular Phone Number \_\_\_\_\_  
May pick up student:      **yes**       **no**

**EMERGENCY CONTACT TWO**

Relationship \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
Work Place \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cellular Phone Number \_\_\_\_\_  
May pick up student:      **yes**       **no**

**MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Care Card # \_\_\_\_\_

Allergies \_\_\_\_\_ Life Threatening?

Other Health Factors \_\_\_\_\_ Life Threatening?

**If 'Yes' provide "Parent Responsibility Checklist"**

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Last place of immunization:

(Kindergarten only) \_\_\_\_\_ Date: \_\_\_\_\_

**ALTERNATE PICK UP** (anyone who will be picking the student up from school - this may include daycare, babysitters or other care providers)

Contact Name \_\_\_\_\_

Contact Phone # \_\_\_\_\_

**BUSSING INFORMATION:**

Does the child require bussing?      Yes       No

Are there multiple pick up or drop off locations required?      Yes       No

**OTHER**

Require Learning Assistance?     

Require Special Needs Assistance?     

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

***The information provided by you is collected for the use of school personnel and public health personnel and will not be used for any other purpose without prior approval.***