

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) _____

 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) _____

 Work Phone Number _____ Available at Work?
 Home Phone Number _____
 Cell # _____ Fax # _____
 Email Address _____

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 Phone _____

Cellular Phone Number _____

May pick up student: **yes** **no**

EMERGENCY CONTACT TWO

Relationship _____

Last Name _____

First Name _____

Address _____

Home Phone # _____

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 _____

Proof of up-to-date Immunization: Yes No

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

Is student pick up and drop off the same as the student property address **every day**? Yes No

If 'No', and there are multiple pick up or drop off locations required, please provide the following information:

Alternate #1-Name/Relationship _____ Alternate #2-Name/Relationship _____

Address _____ Address _____

Please specify the arrangement: _____

The District Transportation Department may contact you for additional information.

OTHER

Learning Assistance?

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.