

# STUDENT INFORMATION FORM



### For Office Use Only

School \_\_\_\_\_ Registration Date \_\_\_\_\_  
 MyEdBC # \_\_\_\_\_ PEN # \_\_\_\_\_  
 Grade \_\_\_\_\_ Division \_\_\_\_\_

### Student Information (please print)

Gender  MALE  FEMALE

LEGAL

Last Name

USUAL

Last Name

LEGAL

First Name

Preferred

First Name

LEGAL

Middle Name

Birthdate

(DD/MM/YY)

Home Phone

Unlisted?  YES  NO

Address

Apt. #

City

Province

Postal Code

Name of Previous School

District

Prov/Country

Has Student attended a Burnaby school or StrongStart Program?  YES  NO

Name of School

Identified Learning Needs/Special Needs (diagnosis, Ministry of Education Designation)  YES  NO

Student currently has an Individualized Education Plan (IEP)  YES  NO

Country of Birth

Citizen of

First Language Spoken

Language Spoken at Home

Aboriginal Ancestry?  YES  NO If yes, please specify:  On Reserve  Off Reserve  Metis  Inuit  Non Status

### For Office Use Only

International Student – Funding Eligible  
(work/study permit)

International Student Funding Not Eligible  
(fee paying)

Parents Work Permit - Expiry Date \_\_\_\_\_

Parents Study Permit - Expiry Date \_\_\_\_\_

### Parent/Guardian Information (please print)

#### Parent/Guardian 1

##### Relationship to Student

Lives with student?  YES  NO Has custody?  YES  NO

Citizenship Status:  Canadian Citizen  Permanent Resident/Landed Immigrant  Refugee/Claimant  International

LEGAL Last Name

LEGAL First Name

USUAL Last Name

USUAL First Name

Address (if different from student)

Home Phone

Work

Cell

Email

#### Parent/Guardian 2

##### Relationship to Student

Lives with student?  YES  NO Has custody?  YES  NO

Citizenship Status:  Canadian Citizen  Permanent Resident/Landed Immigrant  Refugee/Claimant  International

LEGAL Last Name

LEGAL First Name

USUAL Last Name

USUAL First Name

Address (if different from student)

Home Phone

Work

Cell

Email

## Emergency Contact Information

**Emergency Contact 1** (if parents/guardians cannot be reached)

Can pick up student?  YES  NO

Last Name

First Name

Relationship to Student

Home Phone

Work

Cell

Language Spoken

**Emergency Contact 2** (if parents/guardians cannot be reached)

Can pick up student?  YES  NO

Last Name

First Name

Relationship to Student

Home Phone

Work

Cell

Language Spoken

**Out-of-Area Contact** (sequence 88)

Last Name

First Name

Relationship to Student

Contact Phone

City/Country

## Student Medical Health Information

**Doctor** (sequence 99)

Doctor Name

Phone

Care Card #

Special Medical Concerns?  YES  NO

If yes, please list details on the District Medical Information Forms

Immunization Records – copies attached?

YES  NO

## Sibling Information (only for siblings attending schools or StrongStart programs within the Burnaby School District)

Sibling 1 Last Name

First Name

M  F Birthdate

Sibling 2 Last Name

First Name

M  F Birthdate

Sibling 3 Last Name

First Name

M  F Birthdate

**The information on this form is collected under the authority of the *School Act*, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79 (2) of the *School Act*. The information collected on this form will be protected consistent with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the information recorded on this form, please contact the School Administration.**

**I certify that the information provided on this form is correct and valid of this date:**

Parent/Guardian Signature

Date

Administrator's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Information and Documentation – For Office Use Only

**Admission Status**

- Student Resides in School Attendance Area
- Student Attends Licensed Childcare in School Attendance Area
- Cross District Transfer
- District Language Program Applicant

**Documents/Attachments**

- Proof of Citizenship/Immigration Status
- Proof of Age:  Birth Certificate  Passport  Other
- Proof of Residency  Proof of Licensed Childcare Address
- Copy of Legal Alert/Court Orders
- Medical Alert Forms completed (if applicable)

English Language Assessment Required