



SCHOOL DISTRICT #35 (LANGLEY)
STUDENT REGISTRATION

Grade: _____
H/R: _____
Enrolled Date: _____
School Year: _____
(office use only)

Student's Usual Surname First Name Middle Name

Legal Surname (if different) First Name Middle Name

Street Address City Postal Code

Mailing Address (if different)

Home Phone Birthdate (Day/Month/Year) Gender

Birthplace (Country/Province) Primary Language Spoken at Home Catchment Area School Last School Attended (City/Prov.)

PARENT/GUARDIAN #1 [] Continuing Custody Order (Agency, e.g. MCFD)

If custody order applies:

Last Name First Name Relation to Student Home Phone [] Joint Custody
[] Sole Custody
E-Mail: _____ Cell Phone Work Phone [] Access Only
[] No Access

PARENT/GUARDIAN #2

Last Name First Name Relation to Student Home Phone [] Joint Custody
[] Sole Custody
E-Mail: _____ Cell Phone Work Phone [] Access Only
[] No Access

Names/Birthdates of Brothers and Sisters:

[] Court Order on File

Other relevant family information (e.g. separation agreement)

EMERGENCY/EARTHQUAKE INFORMATION

Parents are always contacted first, however, in the absence of parent(s), student can be released to the care and control of:
(In the event of an extreme emergency, some parents may be unable to reach the school. Please identify people in the neighbourhood of the school.)

Emergency Contact 1 Relation to Student Work Phone/Home Phone/Cell Phone

Emergency Contact 2 Relation to Student Work Phone/Home Phone/Cell Phone

Emergency Contact 3 Relation to Student Work Phone/Home Phone/Cell Phone

Health Information/Medical Concerns:

Is this condition life threatening? [] Yes [] No Care Card # _____

I understand the School District has an Acceptable Use Policy for technology and that my child will be using technology for educational purposes. I also understand that due to the nature of some online technologies being hosted world-wide, it is possible that my child's Full Name, Student ID, School Name, email and classwork, may be stored on premises outside Canada. I am aware that in such cases, Privacy laws of the country hosting the data may apply. I give consent to my child using such online technologies in the manner prescribed by School District #35. I have read and accept the Terms and Conditions of the policy posted at http://www.sd35.bc.ca/aup

**PARENT/GUARDIAN SIGNATURE: _____ Date _____

Office Notes:

Richard Bulpitt Elementary

Dear Parent/Guardian:

On the reverse of this notice, you will find a computer printed Registration Form for your child. **Please check the form carefully for any changes or omissions.** Identify any medical conditions such as allergies, etc. Talk to your child's teacher about any medical conditions and appropriate action to be taken in an emergency.

Make changes directly on the form as we will be updating our computer files from this information. The majority of school communication is done via email; please make sure your email address is correct.

Court Orders: In the interest of your child's safety, please ensure that copies of recent court orders regarding your child(ren) are given to the school office for our records.

If Parent/Guardian address is different from students

First & Last Name Parent/Guardian #1	Relationship to student		
Address, City, Postal Code	Home #	Cell#	Work#
First & Last Name Parent/Guardian #2	Relationship to student		
Address, City, Postal Code	Home #	Cell#	Work#

	<input type="checkbox"/>	Joint Custody
	<input type="checkbox"/>	Sole Custody
	<input type="checkbox"/>	Access Only
	<input type="checkbox"/>	No Access
	<input type="checkbox"/>	Joint Custody
	<input type="checkbox"/>	Sole Custody
	<input type="checkbox"/>	Access Only
	<input type="checkbox"/>	No Access

The Freedom of Information and Protection of Privacy legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, we ask that you please read the following information carefully. The information provided will be used for educational purposes and when required, may be provided to health services, social services or other support services. If you have any questions or concerns about the collection and use of this information, please contact our school principal or the District Freedom of Information and Protection of Privacy Coordinator (Jennifer Canas) at the School Board Office (604-534-7891)

Parent Advisory Committee – Access to Information

The parent/guardian's name, telephone number and mailing address may be made available to the school's Parent Advisory Committee for contact purposes regarding notice of meetings, special events or opinions on school issues.

_____ I give permission for my personal information to be released to the Parent Advisory Committee.

_____ I do not wish my personal information to be released to the school Parent Advisory Committee.

Media Coverage:

It is a tradition in our school district to allow district staff and the media to photograph individual students and groups of students to commemorate events taking place in the district. Students' names, photographs and comments may be published in the school yearbook or newsletter, and on occasion, in the district annual report or in the news media.

_____ Yes, I give my consent for the publication of my child's name, photograph and comments for purposes consistent with the above

_____ No, I do not consent to the publication of my child's name, photograph and comments for purposes consistent with the above.

Student's Name (please print) _____

Parent/Guardian name (please print) _____

Date _____

Parent/Guardian signature _____