



SCHOOL DISTRICT 84 School Registration Form Continuing Education

Personal Information

There are times when others involved in school related activities, wish to have contact with students to consult with them directly about school issues. If you do not consent to release your name, home address and phone number please indicate below.

Note: Personal information will not be disclosed to anyone for business or commercial purposes.

No, I do not permit the release of my name, home address and phone number for purposes consistent with the above.

Release of Student Photographs/Media

Occasionally, district staff and the media photograph students or student groups to commemorate events taking place in our school or community. Consent for the release of your name, photo and comments is required. Students' names, photos and comments may be published, as authorized by the school in places such as yearbooks, newsletters, and/or the news media. If you do not consent to permit the publication of your name, photo and comments for purposes consistent with the above please indicate below.

No, I do not permit the publication of my name, photo and comments for purposes consistent with the above.

District Network User Agreement

I _____
Have read the Network Access letter and Computer Network and Internet Acceptable Use Policy and Regulations (E.31). I understand the regulations and agree to use the school network in an acceptable way.

Signature: _____

Name: _____
Please Print

Date Signed: _____

STUDENT INFORMATION - PLEASE PRINT

Student's Legal Name: _____
Last Name First Name Full Middle Name(s)

Student's Usual Name: _____
Last Name First Name Middle

Name called at school: _____

Mailing Address: _____ Postal Code: _____

Street/House Address: _____

Phone No.: _____ Email: _____

Age: _____ Date of Birth: _____ Gender: _____ (M /F)
dd/mm/year

Birth Certificate Registration No.: _____

Care Card No.: _____

Name and number of a relative or friend to be contacted in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Aboriginal Ancestry Information:

Immigration/Miscellaneous:

Country of Birth: _____ Citizen of: _____

Language spoken at home: _____

Immigration Status: _____

Entry Date: _____ Expiration Date: _____

Inuit Metis Non-Status Status - Off Reserve Status - On Reserve

Band : _____ Band Affiliation: _____

HEALTH INFORMATION:

Family Doctor/Clinic: _____ Phone: _____

Allergies:

Anaphylaxis and/or history of severe allergic response? Yes No

Severe Asthma - immediate medical treatment required? Yes No

If Yes, Provide information

This student is currently on regular medication for:

Authorization for Medication Form Needed? Yes No

Can this student take part in regular physical activities? Yes No

Disabilities: _____

Medical Conditions and Special Medical Instructions (Physical and Mental Health) *Note:* These matters can be discussed in privacy with the Principal rather than noted below. Please indicate if you would like to meet with the Principal : Yes No *(please use additional page if necessary)*

Signature:

Student

Name (Please Print): _____

Date:

Name of Previous School: _____

Address of Previous School: _____

Ministry PEN: _____

School Student#: _____