

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.