



Elementary School REGISTRATION FORM 2016 - 17

**SOOKE ELEMENTARY SCHOOL**

OFFICE USE ONLY	
Reg. Date:	_____
Time:	_____ AM / PM
Date Entered MyEd:	_____

**Student Information:**

Gender: M/F: \_\_\_ Grade: \_\_\_ **Legal Surname:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_

Preferred Surname (if different): \_\_\_\_\_ Preferred First Name (if different): \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Proof of Age: Birth Cert.  or \_\_\_\_\_  
Day Month Year

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship (if not Canadian): \_\_\_\_\_

**Language:** First Language? \_\_\_\_\_ Language at Home? \_\_\_\_\_

**Aboriginal Ancestry:** No:  / Yes:  Inuit:  Metis:  Non-Status:  Status-Off Reserve:   
Status-On Reserve:  Band of Residence Name: \_\_\_\_\_ DIA Number: \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_

**Involved in:** Learning Assistance:  ESL:  Special Education:  Counselling:  Speech & Language:   
French Immersion:  **Hearing /Vision Last Assessed** (date): \_\_\_\_\_

**Parent Information:**

**Custody of:** Mother:  Father:  Both:  **Living with:** Mother:  Father:  Both:

**Court Order/Parental Agreement?** No:  / Yes:  If Yes give details: (**Note:** A copy of an up-to-date court order/legal documentation must be on file with the school) \_\_\_\_\_

1) **Mother:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address (if different than student): \_\_\_\_\_  
Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

2) **Father:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address (if different than student): \_\_\_\_\_  
Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Siblings** (*names & ages*) \_\_\_\_\_

**Emergency Contacts:** (Parents will always be contacted first. This list is for back up purposes.)

1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

**Daycare:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Care Card # \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_ Life Threatening? Yes:  / No:

Is this child currently on medication: Yes:  / No:  Description: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Registration Date:** \_\_\_\_\_