

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