



Blueberry River First Nations School
Student Registration

Date _____

Time _____

STUDENT DEMOGRAPHICS

Legal Last Name _____

Parent Contact Home _____

Legal First Name _____

Parent Contact Cell _____

Legal Middle Name _____

Student Email Address _____

Home Street Address _____

RR number/PO BOX _____

City _____ PROV _____ PC _____

Gender MALE FEMALE

mailing address if different:

Date of Birth _____

Proof of Age _____

Home phone number _____

Previous School _____ District _____ Current Teacher _____

Current School _____ Grade _____ Care Card No _____

PARENT/GUARDIAN INFORMATION

Name _____ Relationship to child _____

Address (If different than student) _____

Name _____ Relationship to child _____

Address (If different than student) _____

EMERGENCY CONTACT: OTHER THAN PARENT/GUARDIAN - PREFER LOCAL

Contact 1 _____ Work no _____ Cell no _____

Contact 2 _____ Work no _____ Cell no _____

Contact 3 _____ Work no _____ Cell no _____

SIBLING INFORMATION

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

STUDENT LEGAL ALERTS - Court order on file?

Description _____

STUDENT MEDICAL ALERTS - life threatening?

Description _____

OTHER STUDENT ALERTS - health, family or other information

Description _____

LANGAUGE AND CULTURE

Home Language _____

Aboriginal Ancestry _____

Language Most Used _____

Status number if applicable _____

Band of Residence _____

PERMISSIONS

Release of info/photos - see form

Allow student email account - see form

Permission to walk home

Student Chrome/IPAD agreement- see form

The information provided will be used for education program and administrative purposes, and when required, may be provided to health services, social services or support services. 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 your School Administrator.

I hereby declare that the information provided on this document is true, correct and complete to the best of my knowledge.

Parent/Guardian Signature _____

Date _____