



Blueberry River First Nations School
Adult Student Registration

Date _____

Time _____

DEMOGRAPHICS

Legal Last Name _____

Legal First Name _____

Legal Middle Name _____

Student Email Address _____

Usual Last Name _____

Home Street Address _____

Usual First Name _____

RR number/PO BOX _____

Usual Middle Name _____

City _____ PROV _____ PC _____

Gender MALE FEMALE

mailing address if different:

Date of Birth _____

Identification _____

Home phone number _____

STUDENT MEDICAL ALERTS - life threatening?

Description _____

OTHER STUDENT ALERTS - health, family or other information

Description _____

LANGAUGE AND CULTURE

Home Language _____

Indigenous Ancestry _____

Language Most Used _____

Status number if applicable _____

Band of Residence _____

Release of info/photos - see form

Computer & Internet Usage

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.

Student Signature _____

Date _____