



*Blueberry River First Nations
School
Adult Student Registration*

Date _____

Time _____

DEMOGRAPHICS

Legal Last Name _____

Legal Middle Name _____

Usual Last name _____

Usual Middle Name _____

Usual First Name _____

Gender MALE FEMALE

Date of Birth _____

Home phone number _____

Legal First Name _____

Student Email Address _____

Home Street Address _____

RR number/PO BOX _____

City _____ PROV _____

PC. _____

mailing address if different:

Identification _____

STUDENT MEDICAL ALERTS - life threatening? -

Description _____

OTHER STUDENT ALERTS - health, family or other

Description _____

LANGUAGE 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 programs 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 Act 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 _____