



# School District #81 (Fort Nelson) – R.L. Angus Elementary School

## Student Information Registration Form

**Student's Name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**\*\*Must have Birth Certificate, Care Card & Proof of Address\*\***

Grade 5-6-7 option: Band ☐ Fine Arts ☐

Legal Last Name \_\_\_\_\_

**Property Address**

Legal First Name \_\_\_\_\_

Street # and Name \_\_\_\_\_

Usual Last Name \_\_\_\_\_

Municipality \_\_\_\_\_

Preferred First Name \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Middle Name \_\_\_\_\_

**Mailing Address**

Third Initial \_\_\_\_\_ Gender ☐ F ☐ M

Box Number \_\_\_\_\_

Birth Date \_\_\_\_\_  
d d / m m / y y y y

Home Phone \_\_\_\_\_

**Must have Birth Certificate,  
Care Card & Proof of Address**

Unlisted

☐ Y ☐ N

### Previous School

Previous School \_\_\_\_\_

Address/Phone \_\_\_\_\_

### Citizenship/Aboriginal Status/Miscellaneous

Aboriginal Heritage

☐ Y ☐ N

Band # \_\_\_\_\_

Birth City & Province \_\_\_\_\_

Status on Reserve

☐ Y

Citizenship \_\_\_\_\_

Status off Reserve

☐ Y

Language Spoken at Home \_\_\_\_\_

Metis

☐ Y

Interpreter Required ☐ Y ☐ N

Inuit

☐ Y

Request materials in another language ☐ Y ☐ N

Non Status

☐ Y

### SIBLINGS

1.

2.

3.

Name

Relationship

Birthdate

Gender

☐ F ☐ M

☐ F ☐ M

☐ F ☐ M

## Parent/Guardian

1. Relationship	_____	2. Relationship	_____
Last Name	_____	Last Name	_____
First Name	_____	First Name	_____
Living with Student	<input type="checkbox"/> Y <input type="checkbox"/> N	Living with Student	<input type="checkbox"/> Y <input type="checkbox"/> N
Same as Student Address	<input type="checkbox"/> Y <input type="checkbox"/> N	Same as Student Address	<input type="checkbox"/> Y <input type="checkbox"/> N
Address –if different	_____	Address- if different	_____
Language	_____	Language	_____
Speaks English	<input type="checkbox"/> Y <input type="checkbox"/> N	Speaks English	<input type="checkbox"/> Y <input type="checkbox"/> N
Copy of Correspondence	<input type="checkbox"/> Y <input type="checkbox"/> N	Copy of Correspondence	<input type="checkbox"/> Y <input type="checkbox"/> N
Willing to Volunteer	<input type="checkbox"/> Y <input type="checkbox"/> N	Willing to Volunteer	<input type="checkbox"/> Y <input type="checkbox"/> N
Work/Employment	_____	Work/Employment	_____
Work Phone No.	_____	Work Phone No.	_____
Available At Work	<input type="checkbox"/> Y <input type="checkbox"/> N	Available At Work	<input type="checkbox"/> Y <input type="checkbox"/> N
Home Phone No.	_____	Home Phone No.	_____
Cellular Phone No.	_____	Cellular Phone No.	_____
E-mail Address	_____	E-mail Address	_____
Additional Information	_____	Additional Information	_____
Custodial Agreement in Place	<input type="checkbox"/> Y <input type="checkbox"/> N	Custodial Parent	_____

## EMERGENCY CONTACTS

1. Last Name	_____	2. Last Name	_____
First Name	_____	First Name	_____
Relationship	_____	Relationship	_____
Can Pick Up Student	<input type="checkbox"/> Y <input type="checkbox"/> N	Can Pick Up Student	<input type="checkbox"/> Y <input type="checkbox"/> N
Address	_____	Address	_____
Home Phone No.	_____	Home Phone No.	_____
Unlisted	<input type="checkbox"/> Y <input type="checkbox"/> N	Unlisted	<input type="checkbox"/> Y <input type="checkbox"/> N
Work Place	_____	Work Place	_____
Work Phone No.	_____	Work Phone No.	_____
Cellular Phone No.	_____	Cellular Phone No.	_____

**MEDICAL**

Doctor's Name		Phone	
Dentist's Name		Phone	
Care Card #			
Allergies			
Life Threatening	<input type="checkbox"/> Y <input type="checkbox"/> N	Medication	
Health Factors			

Parent Signature:

Date:

**TRANSPORTATION**

Bus Route #	Stop Type	Stop Time	M	T	W	T	F	Stop Description
			—	—	—	—	—	(Y/N) _____
			—	—	—	—	—	(Y/N) _____
			—	—	—	—	—	(Y/N) _____

*The information on this form is collected under the authority of the School Act, Sections 13 and 97. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services, or other support services as outlined in Section 97 (2) of the School Act.*