

**STUDENT ADMISSION / REGISTRATION / REQUEST FOR RECORDS FORM**  
School District No. 60 (Peace River North)

**DUNCAN CRAN STRONG START CENTRE**  
8130 89 Ave Fort St John BC V1J 5T9  
Phone: (250) 787-0417 Fax: (250) 785-1581

Admission (today's) date: \_\_\_\_\_

**STUDENT INFORMATION**

Gender ( Male / Female ) \_\_\_\_\_  
Legal Last Name \_\_\_\_\_  
Legal First Name \_\_\_\_\_  
Usual Last Name (if different) \_\_\_\_\_  
Preferred First Name (if different) \_\_\_\_\_  
Middle Name(s) \_\_\_\_\_  
Birth Date (D/M/Y) \_\_\_\_\_  
Birth Certificate or Proof of Age  Attached  
Other Proof of Age \_\_\_\_\_  
Home Phone No. \_\_\_\_\_  
Unlisted ( Yes / No ) \_\_\_\_\_

**GRADE** \_\_\_\_\_

**PHYSICAL ADDRESS (911 INFORMATION)**

Street # & Name \_\_\_\_\_  
Apartment # \_\_\_\_\_  
City & Prov \_\_\_\_\_  
Postal Code \_\_\_\_\_

Variance ( Yes / No ) \_\_\_\_\_  
If Yes, Home School \_\_\_\_\_

**MAILING ADDRESS – only if different from above:**

Address \_\_\_\_\_  
\_\_\_\_\_

**CONFIRMATION OF INFORMATION and  
AUTHORIZATION FOR RELEASE OF STUDENT NAME AND/OR PHOTO**

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

\_\_\_\_\_  
**PARENT / GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**

I understand that from time to time, within the context of a school setting, my child's name and/or photograph may be used in connection with the Strong Start Centre

I hereby give permission for such publication

I do not give permission for such publication

**(PLEASE CHECK ONLY ONE OF THE BOXES)**

**STUDENT CITIZENSHIP / IMMIGRATION / MISCELLANEOUS**

Place of Birth (City & Prov): \_\_\_\_\_  
Country of Birth: \_\_\_\_\_ Citizen of \_\_\_\_\_  
First Language \_\_\_\_\_  
Language at Home \_\_\_\_\_  
ESL (Yes / No)  If Settlement Worker In Schools, please check box

Aboriginal ( Yes / No ) If Yes, select from below:  
 Inuit  Non-Status  
 Metis  Status, Off Reserve  
 Status, On Reserve, include Band Number \_\_\_\_\_  
and Band Name: \_\_\_\_\_

**OFFICE USE ONLY:**

Registration Date (student in class) \_\_\_\_\_

**PARENT GUARDIAN INFORMATION - for** ("Name of Student" .....

**Parent / Guardian (1):**

Relationship to student \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Living With Student ( Yes / No )  
Same as Student Address ( Yes / No )  
Mailing Address (if different) Street \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone No. \_\_\_\_\_  
Available at Work ( Yes / No )  
Home Phone No. \_\_\_\_\_ Unlisted ( Yes / No )  
Cellular Phone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

**Parent / Guardian (2):**

Relationship to student \_\_\_\_\_  
Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Living With Student ( Yes / No )  
Same as Student Address ( Yes / No )  
Mailing Address (if different) Street \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Work Phone No. \_\_\_\_\_  
Available at Work ( Yes / No )  
Home Phone No. \_\_\_\_\_ Unlisted ( Yes / No )  
Cellular Phone No. \_\_\_\_\_  
Email Address \_\_\_\_\_

**Legal Custody:** \_\_\_\_\_ **Living With:** \_\_\_\_\_ **Court Order: ( Yes / No )** \_\_\_\_\_

**SIBLINGS**

Last Name	1. _____	2. _____	3. _____	4. _____
First Name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Birth Date (D/M/Y)	_____	_____	_____	_____
Grade (if applicable)	_____	_____	_____	_____
Gender	( M / F )	( M / F )	( M / F )	( M / F )

**MEDICAL INFORMATION**

Care Card # \_\_\_\_\_  
Health & Medical Conditions or Concerns (Allergies, etc.) \_\_\_\_\_  
\_\_\_\_\_  
Life Threatening ( Yes / No )

**OTHER RELEVANT INFORMATION**