

STUDENT INFORMATION FORM

SCHOOL DISTRICT 41	School			
MyEdBC #				
	Grade		Division	
Student Information (please print)				
Gender □ MALE □ FEMALE			1504	
LEGAL	LEGAL		LEGAL	
Last Name	First Name		Middle Name	
USUAL Last Name	Preferred First Name		Birthdate	
Last Name	FIIST Name		(DD/MM/YY)	
Home Phone Unlisted? ☐ YES ☐ NO				
Address	Apt. #	City	Province Postal Code	
Name of Previous School	0	District	Prov/Country	
Has Student attended a Burnaby school or StrongStart Program? ☐ YES ☐ NO Name of School				
Identified Learning Needs/Special Needs (diagnosis, Ministry of Education Designation) ☐ YES ☐ NO				
Student currently has an Individualized E	ducation Plan (IEP)		□ YES □ NO	
Country of Birth	Citizen of		First Language Spoken	
Language Spoken at Home				
Aboriginal Ancestry? ☐ YES ☐ NO If	yes, please specify:	☐ On Reserve ☐ Off R	eserve	
For Office Use Only International Student – Funding Eligible (work/study permit) International Student Funding Not Eligible (fee paying)				
☐ Parents Work Permit - Expiry Date ☐ Parents Study Permit - Expiry Date				
Parent/Guardian Information (please print)				
Parent/Guardian 1				
Relationship to Student		Lives with student? □	YES □ NO Has custody? □ YES □ NO	
Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident/Landed Immigrant ☐ Refugee/Claimant ☐ International				
LEGAL Last Name	LEGAL First Name			
USUAL Last Name	USUAL First Name			
Address (if different from student)				
Home Phone Work	C	Cell	Email	
Parent/Guardian 2 Relationship to Student	Lives with student? ☐ YES ☐ NO Has custody? ☐ YES ☐ NO			
Citizenship Status: ☐ Canadian Citizen ☐ Permanent Resident/Landed Immigrant ☐ Refugee/Claimant ☐ International				
LEGAL Last Name	LEGAL First Name			
USUAL Last Name	USUAL First Name			
Address (if different from student)				
Home Phone Work	C	Cell	Email	

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Emergency Contact Information				
Emergency Contact 1 (if parents/guardians can	not be reached)	Can pick up student? ☐ YES ☐ NO		
Last Name	First Name	Relationship to Student		
Home Phone Work	Cell	Language Spoken		
Emergency Contact 2 (if parents/guardians can	not be reached)	Can pick up student? ☐ YES ☐ NO		
Last Name	First Name	Relationship to Student		
Home Phone Work	Cell	Language Spoken		
Out-of-Area Contact (sequence 88)				
Last Name	First Name	Relationship to Student		
Contact Phone	City/Country			
Student Medical Health Information				
Doctor (sequence 99)				
Doctor Name	Phone	Care Card #		
Special Medical Concerns? ☐ YES ☐ NO	If yes, please list details on the District Medical Information Forms			
Immunization Records − copies attached? ☐ YES ☐ NO				
Sibling Information (only for siblings attending schools or StrongStart programs within the Burnaby School District)				
Sibling 1 Last Name	First Name	☐ M ☐ F Birthdate		
Sibling 2 Last Name	First Name	☐ M ☐ F Birthdate		
Sibling 3 Last Name	First Name	☐ M ☐ F Birthdate		
The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79 (2) of the School Act. 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 the School Administration.				
I certify that the information provided on this form is correct and valid of this date:				
Parent/Guardian Signature		Date		
Administrator's Signature	Date			
Information and Documentation — For Office Use Only				
dmission Status I Student Resides in School Attendance Area I Student Attends Licensed Childcare in School Attendance Area I Cross District Transfer I District Language Program Applicant □ English Language Assessment Required Documents/Attachments □ Proof of Citizenship/Immigration Status □ Proof of Age: □ Birth Certificate □ Passport □ Proof of Residency □ Proof of Licensed Childcare □ Copy of Legal Alert/Court Orders □ Medical Alert Forms completed (if applicable)		Proof of Citizenship/Immigration Status Proof of Age: □ Birth Certificate □ Passport □ Other Proof of Residency □ Proof of Licensed Childcare Address Copy of Legal Alert/Court Orders Medical Alert Forms completed (if applicable)		