

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

ROBERT OGILVIE ELEMENTARY SCHOOL
9907 – 86TH Street, Fort St. John, BC V1J 3G4
Phone: 785-3704 Fax: 785-7963

Admission (today's) date: _____

ENTERING GRADE: _____

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) _____

Street # & Name _____

Apartment # _____

City & Prov _____

Postal Code _____

Variance (Yes / No) _____

If Yes, Home School _____

MAILING ADDRESS – only if different from above:

Address _____

KINDERGARTEN REGISTRATIONS ONLY

Did your child attend StrongStart Yes No

SCHOOL BUS REQUIRED

(Yes / No)

PHYSICAL ADDRESS (911 INFORMATION)

PREVIOUS SCHOOL / DISTRICT INFORMATION and AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Previous District _____

Previous School _____

Previous School's Address _____

Previous School's Phone No. _____ Previous School's Fax No. _____

PARENT / GUARDIAN SIGNATURE

DATE SIGNED

(My signature, on Page 1 of this form, authorizes the release of student information and records to the current school.)

STUDENT CITIZENSHIP / IMMIGRATION / MISCELLANEOUS

Place of Birth (City & Prov): _____

Country of Birth: _____ Citizen of _____

First Language _____

Language at Home _____

ESL (Yes / No) _____

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) _____ Gr _____ Homeroom _____ BCeSIS# _____

PARENT GUARDIAN INFORMATION

Legal Custody: _____ Living With: _____ Court Order: (Yes / No)

Parent / Guardian (1):
Relationship _____
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 _____
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 _____

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)

EMERGENCY CONTACT INFORMATION

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____ Unlisted (Yes / No)
Work Phone No. _____
Cellular Phone No. _____
Email Address _____

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____ Unlisted (Yes / No)
Work Phone No. _____
Cellular Phone No. _____
Email Address _____

MEDICAL INFORMATION

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

OTHER REQUIREMENTS

Learning Assistance (Yes / No) Counseling (Yes / No) Special Needs Assistance (Yes / No)

OTHER RELEVANT INFORMATION