

Emergency Contact Information

Emergency Contact 1 (if parents/guardians cannot 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 cannot 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please list details on the District Medical Information Forms	
Immunization Records – copies attached? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Sibling Information (only for siblings attending schools or StrongStart programs within the Burnaby School District)

Sibling 1 Last Name	First Name	<input type="checkbox"/> M <input type="checkbox"/> F	Birthdate
Sibling 2 Last Name	First Name	<input type="checkbox"/> M <input type="checkbox"/> F	Birthdate
Sibling 3 Last Name	First Name	<input type="checkbox"/> M <input type="checkbox"/> 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

Admission Status

- Student Resides in School Attendance Area
- Student Attends Licensed Childcare in School Attendance Area
- Cross District Transfer
- District Language Program Applicant

Documents/Attachments

- 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)

English Language Assessment Required