



Elementary School REGISTRATION FORM – 2015-2016

**Happy Valley Elementary**

OFFICE USE ONLY	
Reg. Date:	_____
Time:	____:____ AM / PM
Transfer Req'd:	_____
Date Entered in MyEd:	_____
File Requested:	_____

**Student Information:**

Gender: M/F: \_\_\_ Grade: \_\_\_ **Legal Surname:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_

Preferred Surname (if different): \_\_\_\_\_ Preferred First Name (if different): \_\_\_\_\_

**Middle Name:** \_\_\_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Proof of Age: Birth Cert.  or \_\_\_\_\_  
Day Month Year

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Last School Attended:** \_\_\_\_\_ **Involved in:** Learning Assistance:  ESL:

Special Education:  Counselling:  Speech & Language:  French Immersion:

Place of Birth: \_\_\_\_\_ Citizenship (if not Canadian): \_\_\_\_\_

**Language:** First Language? \_\_\_\_\_ Language at Home? \_\_\_\_\_

**Aboriginal Ancestry:** No:  / Yes:  Inuit:  Metis:  Non-Status:  Status-Off Reserve:

Status-On Reserve:  Band of Residence Name: \_\_\_\_\_ DIA Number: \_\_\_\_\_

**Parent Information:**

**Custody of:** Mother:  Father:  Both:  **Living with:** Mother:  Father:  Both:

**Court Order?** No:  / Yes:  If Yes give details: (**Note:** A copy of an up-to-date court order must be on file with the school)

\_\_\_\_\_

1) **Mother:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

2) **Father:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address (if different than student): \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contacts:** (Parents will always be contacted first. This list is for back up purposes.)

1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

**Daycare:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Information:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Care Card # \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_ **Life Threatening?** Yes:  / No:

**Is this child currently on medication:** Yes:  / No:  Description: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Registration Date:** \_\_\_\_\_