

Student Registration Form - (complete one form per student)

STUDENT INFORMATION

Student's Name: _____
Usual Surname First Name Middle Name

Legal Surname First Name Middle Name

Male Female Grade (for Sept.): _____ Birthplace: _____ Birthdate: _____
mm / dd / yyyy

Address: _____
Street Address City Postal Code

Mailing Address (if different)

Citizenship: _____ Primary Language spoken at home: _____

**If not Canadian, citizenship documents must be presented*

English Language Learner? Yes No

First Nations Status? Yes No If "yes", band name: _____

Last School Attended: _____ Address: _____

Date of Leaving: _____

GUARDIAN INFORMATION

Student resides with: Both Parents Mother only Father only Other: _____

Parent/Guardian #1: (full name)

Parent/Guardian #2: (full name)

Has Guardianship Access Only No Access

Has Guardianship Access Only No Access

Relationship to Student: _____

Relationship to Student: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

EMERGENCY CONTACT INFORMATION

In the absence of parent(s)/guardian(s), student can be released to the care and control of:

Emergency Contact #1:

Relationship to Student: _____

Phone Number: _____

Emergency Contact #2:

Relationship to Student: _____

Phone Number: _____

OTHER INFORMATION

Is there anyone we should be aware of with whom your child may **not** leave the school? If so, please name below:

Who may pick up your child:

Names/Birthdates of Brothers/Sisters:

Health Information

(complete one form per student)

Family Doctor: _____ Telephone: _____

Care Card/Personal Health Number: _____

Does your child have any of the following (please check):

- | | | |
|---|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> mild |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Asthma | <input type="checkbox"/> severe |
| <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Other (list below) |

Other: _____

If you have checked off anything above, is it considered a *life-threatening* condition? Yes No

⇒ If "yes", please see the Main Office for important documentation that **must** be filled out and kept on file.

⇒ If an allergy or medical condition changes during the school year, it is your responsibility to alert the school.

Explain briefly any conditions checked above and procedures to follow:

Is your child able to participate in a full PE program? Yes No

If not, an exemption from your family physician will be required. If conditions change during the year, please inform the school.

Yes No Does the student have any particular academic weaknesses or outstanding strengths? If so, please supply details, including any special programs or assistance the student has received. (This will help us to determine whether, and how, we can best meet the student's needs.)

Yes No Does the student have, or has he/she experienced, any social, emotional, or behavioural problems? If yes, please supply details, including any treatment the student may have received.

List any student strengths, hobbies, and interests.

Parent/Guardian's Signature

Date



Consent for Release of Education Information

Educating and equipping discerning disciples of Jesus Christ for restorative work in His Kingdom.

(Fill in one form per student IF they have come from a previous school)

Student's Full Name:	
Date of Birth:	
To Previous School:	
Fax Number/Email:	
Date:	

The above-named student has now been registered at **Cedars Christian School**. As parent/guardian of this student, I hereby give my permission to send **Cedars Christian School** the following:

- A copy of the most recent student Report Card**
- Student File** including: report cards, documents relating to custody or other legal issues, non-confidential reports by professional staff or outside agencies, Student Conduct Review Committee letters, all safety concerns, all records pertaining to behaviours/violence, including all suspension letters, records of discipline matters, and consequences/interventions, and behaviour plans.
- Permanent Student Record Card**
- Individual Education Plan (IEP)** if there is one for the student
- Special Services File** if there is one for the student, including any confidential or other documents pertaining to the above-named student from Area Support Team Members such as Psychologists, Social Workers, Speech Language Pathologists, etc.
- I further consent to administrative or counselling staff speaking to **Cedars Christian School** regarding academic or behavioural programming.

I confirm I am the parent/guardian for the above-named individual:

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
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Office Use Only:	Faxed	Mailed	eMailed	Date
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