



**SCHOOL DISTRICT #70 (ALBERNI) –Eighth Avenue Elementary**  
**Student Registration Form Student ID# \_\_\_\_\_**

(office use only)

**STUDENT INFORMATION**

**Gender** (Male/Female) \_\_\_\_\_  
**Legal** Last Name \_\_\_\_\_  
**Legal** First Name \_\_\_\_\_  
 Usual First Name \_\_\_\_\_  
 Usual Last Name \_\_\_\_\_  
 Preferred First Name \_\_\_\_\_  
**Middle Name** \_\_\_\_\_  
**Birth Date** \_\_\_\_\_  
 Birth Certificate Attached (Yes/No) \_\_\_\_\_  
 Other Proof Of Age \_\_\_\_\_  
**Home Phone #** \_\_\_\_\_  
 Unlisted (Yes/No) \_\_\_\_\_

**ADMISSION INFORMATION**

Registration Date \_\_\_\_\_  
**Grade** \_\_\_\_\_ **Homeroom#** \_\_\_\_\_  
 Cross Enrolled School \_\_\_\_\_

**CITIZENSHIP, ESL & FIRST NATIONS MISCELLANEOUS INFORMATION**

Country, City, Province of Birth \_\_\_\_\_  
 Citizen of \_\_\_\_\_  
**Language At Home** \_\_\_\_\_  
**English As A Second Language** (Yes/No) \_\_\_\_\_  
**Aboriginal Ancestry** (Yes/No) \_\_\_\_\_  
**Band Name/#** \_\_\_\_\_  
**(Circle One):** Metis, Inuit, Non-Status  
 Status-On Reserve, Status-Off Reserve

**PARENT/GUARDIAN INFORMATION**

Custody \_\_\_\_\_ Living With \_\_\_\_\_ Court Access \_\_\_\_\_  
**Parent/Guardian**  
 Relationship \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Emergency Contact (Yes/No) \_\_\_\_\_  
 Living With Student (Yes/No) \_\_\_\_\_  
 Alternate Address If Different than Student's \_\_\_\_\_  
 \_\_\_\_\_  
 Place Of Employment \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Available At Work (Yes/No) \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_

**PROPERTY ADDRESS**

**Address** \_\_\_\_\_  
 Apt# \_\_\_\_\_  
**City** \_\_\_\_\_  
**Postal Code** \_\_\_\_\_  
**Cross Boundary** (Yes/No) \_\_\_\_\_  
 If Yes Home School \_\_\_\_\_  
 Reason \_\_\_\_\_  
 Cross Boundary Form Completed

**MAILING ADDRESS**

Same As Property Address (Yes/No) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_

**PREVIOUS SCHOOL/DISTRICT**

Previous District \_\_\_\_\_  
 Previous School \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Network/Computer Access**

Acceptable Use Policy Read & Signed (Yes/No) \_\_\_\_\_

**Release Of Information/Photos Permission**

For School Website (Yes/No) \_\_\_\_\_  
 To Media (Yes/No) \_\_\_\_\_  
 To PAC (Yes/No) \_\_\_\_\_  
 For GRAD (Yes/No) \_\_\_\_\_

**Parent/Guardian**

Relationship \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Emergency Contact (Yes/No) \_\_\_\_\_  
 Living With Student (Yes/No) \_\_\_\_\_  
 Alternate Address If Different than Student's \_\_\_\_\_  
 \_\_\_\_\_  
 Place Of Employment \_\_\_\_\_  
 Work Phone # \_\_\_\_\_  
 Available At Work (Yes/No) \_\_\_\_\_  
 Home Phone # \_\_\_\_\_  
 Cell Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_

*Eighth Avenue Elementary School*  
*2941 8<sup>th</sup> Avenue*  
*Port Alberni, BC V9Y 2K5*

**Ph: 250-723-7631 Fax: 250-723-1342**

**Please flip over →**

**SIBLINGS**

Last Name 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
First Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Birthday \_\_\_\_\_  
Grade/School \_\_\_\_\_  
Gender \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Last Name \_\_\_\_\_ Last Name \_\_\_\_\_  
First Name \_\_\_\_\_ First Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Work Place \_\_\_\_\_ Work Place \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Phone # \_\_\_\_\_ Care Card # \_\_\_\_\_  
Life Threatening Illness (Yes/No)  
Health Factors (e.g. allergies)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER**

Requires Learning Assistance (Yes/No) \_\_\_\_\_ Requires Special Needs Assistance (Yes/No) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***\*Parents and Guardians are responsible for keeping the above information current at the school.***

**For Office Use Only**

Teacher Notified  Entered in Computer  Records Requested   
Calendar  Lunch Program   
Kindergarten Preference  am  pm First Nations All-day Kindergarten

\_\_\_\_\_  
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