



Elementary School REGISTRATION FORM

CRYSTALVIEW ELEMENTARY

OFFICE USE ONLY	
Reg. Date:	_____
Time:	____:____ AM / PM
Transfer Req'd:	_____
Date Entered BCeSIS:	_____
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: _____