



School District No.35 (Langley) Student Registration

Office Use – MyEd BC	
YOG: _____	Grade: _____
School Year: _____	
Date: _____	

STUDENT INFORMATION Please check boxes when applicable.

If enrolled in StrongStart BC, Location: _____ Self-Identified Aboriginal Ancestry ([Form required](#))

Legal Last Name	Legal First Name	Legal Middle Name
Usual Last Name (if different)	Usual First Name (if different)	Usual Middle Name (if different)

Date of Birth (dd/mmm/yyyy): _____ Birthplace (Country/Province): _____

Primary Language (Spoken at Home): _____ Gender: _____ Gender Identity: _____

Last School Attended (Name/City/Prov): _____ [Langley Catchment School](#): _____

Street Address (Street/City/Postal): _____

Mailing Address (if different): _____

SIBLING (Brother/Sisters) INFORMATION Name/Date of Birth (DOB – i.e.: 12 MAY 2001)

Name/DOB: _____	Name/DOB: _____
Name/DOB: _____	Name/DOB: _____

Who does the student reside with? Both Parents Mother Only Father Only Custody Order(s) (**Provide Copy**)

Child In-Care (Temporary or Permanent) **Please provide a copy of Agreement/Court Order.**

PARENT INFORMATION

#1 Parent/Legal Guardian (If student is “In-Care”, Social Worker is #1)

First Name: _____ Last Name: _____ Relationship to Child: _____

Email: _____ Phone: _____ Work Phone: _____

Address (if different from Student): _____

#2 Parent/Legal Guardian (If student is “In-Care”, Care Provider is #2)

First Name: _____ Last Name: _____ Relationship to Child: _____

Email: _____ Phone: _____ Work Phone: _____

Address (if different from Student): _____

EMERGENCY CONTACT INFORMATION (Other than Parent/Legal Guardian)

Emergency Contact #1: First/Last Name _____ Phone Number _____ Relationship to Child _____

Emergency Contact #2: First/Last Name _____ Phone Number _____ Relationship to Child _____

Emergency Contact #3: First/Last Name _____ Phone Number _____ Relationship to Child _____

HEALTH INFORMATION Is the condition(s) Life Threatening? Yes No If yes, [Medical Form](#) is required.

List Diagnosis (if applicable): _____

Care Card Number: _____ Vaccinated: Yes No [Admin Procedure 312 Vaccination Records](#)
Information is accessed should there be the threat of an outbreak or a confirmed case of a communicable disease outbreak.

I am the Parent or Legal Guardian and declare the information on this form to be true. I understand as Parent/Legal Guardian, SD35 (Langley) will request the full student record (file), including all inclusions (if applicable), from the last school attended.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

“The information on this form is collected under the authority of the School Act, Section 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 your School Administrator.”