



LAKEWOOD ELEMENTARY SCHOOL
REGISTRATION FORM 2016-2017

OFFICE USE ONLY

Reg. Date: ____ / ____ / ____
Day Month Year

Time: _____

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: ____

Place of Birth: ____ Citizenship (if not Canadian): ____

Language: First Language? ____ Language at Home? ____

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

Status-On Reserve: ☐ Band of Residence Name: ____ DIA Number: ____

Last School Attended: ____ Involved in: Learning Assistance: ☐ ESL: ☐

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

Hearing/Vision Last Assessed (date): ____

Parent Information:

Custody of: Mother: ☐ Father: ☐ Both: ☐

Living with: Mother: ☐ Father: ☐ Both: ☐

Court Order? Yes: ☐ / No: ☐ 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: ____

Allergies/Health Conditions: ____ Life Threatening? Yes: ☐ / No: ☐

Is this child currently on medication: Yes: ☐ / No: ☐ Description: ____

Parent/Guardian Signature: _____

Registration Date: _____