

Lochiel U-Connect Centre

Grade: _____ Div: _____

Student resides with: _____

Usual Last Name Usual First Name Usual Middle Name

Legal Last Name Legal First Name Legal Middle Name

Street Address City Postal Code

Home Phone #: _____

Gender: _____ Birthdate (Da-Mo-Yr): _____

Birthplace (Country/Province) _____ Primary language spoken at home: _____

Name of last school: _____ Date of Leaving: _____

What school catchment area is this student from: _____

Student attended StrongStart Yes No

Student is of Aboriginal Ancestry Yes No

Citizenship: Canadian Citizen International Student Permanent Res./Landed Immigrant

Child's Proof of Citizenship - Yes ___ No ___

Parent's Proof of Citizenship - Yes ___ No ___

Health Information: Care Card # _____ Dr. _____ P# _____

Medical Concerns (e.g. allergy, medications, special conditions, medic alert, etc.) - please explain.

Is this condition life threatening? Yes ___ No ___

Parent/Guardian #1: _____ Relationship to Student _____

Work#: _____ Home#: _____ Cell#: _____

Custody - Court Order must be on file: () Joint Custody () Access Only () Sole Custody () No Access

Parent/Guardian #2: _____ Relationship to Student _____

Work#: _____ Home#: _____ Cell#: _____

Custody - Court Order must be on file: () Joint Custody () Access Only () Sole Custody () No Access

Other relevant information (e.g. deny pickup to...) _____

NAMES & BIRTHDATES OF ALL PRE-SCHOOL AND ELEMENTARY SCHOOL AGE SIBLINGS:

Emergency/Earthquake Information

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

#1 Emergency Contact: _____ Relationship to Student _____

Work #: _____ Home #: _____ Cell#: _____

#2 Emergency Contact: _____ Relationship to Student _____

Work #: _____ Home #: _____ Cell#: _____

#3 Emergency Contact: _____ Relationship to Student _____

Work #: _____ Home #: _____ Cell#: _____

Parent/Guardian Signature: _____

Please turn over for more important information.



School District No. 35 (Langley)

Dear Parents/Guardians

The Freedom of Information and Protection legislation came into effect for schools in the fall of 1994. To ensure that we are complying with the legislation, we ask that you please read the following information carefully. The information provided will be used for educational purposes and when required, may be provided to health services, social services or other support services. If you have any questions or concerns about the collection and use of this information, please contact your school principal or the Langley School District at 534-7891, Local 228.

Parent Advisory Committee – Access to Information:

The parent/guardian’s name, telephone number, mailing address and email address may be made available to the school’s Parent Advisory Committee for contact purposes regarding notice of meetings, special events or opinions on school issues.

- Yes, I give permission for my personal information to be released to the Parent Advisory Committee.
- No, I do not wish my personal information to be released to the school Parent Advisory Committee.

Media Coverage:

It is a tradition in our school district to allow district staff and the media to photograph individual students and groups of students to commemorate events taking place in the district. Students’ names, photographs and comments may be published in the school yearbook or newsletter, and on occasion, in the district annual report or in the news media.

- Yes, I give my consent for the publication of my child’s names, photograph and comments for purposes consistent with the above.
- No, I do not consent to the publication of my child’s name, photograph and comments for purposes consistent with the above.

Student’s Name: _____ (please print)

Parent/Guardian’s Name: _____ (please print)

Parent/Guardian’s Signature

Date

E-Mail Communication:

An important aspect of our school is communication via the Internet. Please confirm your e-mail address below:
