



JAMES ANDERSON LEARNING CENTRE
SCHOOL DISTRICT #35 (LANGLEY)
STUDENT REGISTRATION

Grade _____
 Home Room _____
 Intake Date _____
 Withdrawal _____

Usual Surname _____ First Name _____ Middle Name _____

Legal Surname (if different) _____ First Name _____ Middle Name _____

Street Address _____ City _____ Postal Code _____

Mailing Address (if different) _____

Gender _____ Birthdate _____ Student Email Address _____

Home Phone _____ Student Cell Phone _____ Birthplace (Country/Province) _____

Catchment Area School _____ Last School Attended _____ City/Province _____

Student resides with:
 Both parents
 Mother only
 Father only
 Other: _____

Citizenship:
 Canadian Citizen
 International Student
 Permanent Resident/Landed Immigrant
 Refugee 3-digit Code:
 Student is of Aboriginal Ancestry Yes

Primary Language spoken at home _____

Last Date Attended _____

PARENT/GUARDIAN #1

First & Last Name _____ Relation to student _____ Home Phone _____
 Employer/Occupation _____ (optional) _____ Work Phone _____
 E-Mail: _____ Cell Phone _____

If applicable: Most recent court order should be on file
 Joint Custody
 Sole Custody
 Access Only
 No Access

PARENT/GUARDIAN #2

First & Last Name _____ Relation to student _____ Home Phone _____
 Employer/Occupation _____ (optional) _____ Work Phone _____
 E-Mail: _____ Cell Phone _____

Joint Custody
 Sole Custody
 Access Only
 No Access

Other relevant family information (e.g. custody court order) _____

EMERGENCY/EARTHQUAKE INFORMATION

In the absence of parent(s), student can be released to the care and control of: (In the event of an extreme emergency, some parents/guardians may be unable to reach the school. We recommend that parents identify people in the neighbourhood of the school.)

Emergency Contact 1 _____ Relationship to Student _____ Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact 2 _____ Relationship to Student _____ Home Phone _____ Work Phone _____ Cell Phone _____

Health Information: _____

Doctor _____ Phone _____ Care Card # _____

***PARENT/GUARDIAN SIGNATURE** _____

*The above signed parent/guardian consents to the release of any confidential educational assessment records & testing to James Anderson Learning Centre.

FOR OFFICE USE ONLY

- Medical Alert
- Birth Certificate Verified
- Legal Alert or Court Order on File
- BCeSIS completed
- Aboriginal Program
- Special Needs