

Date: \_\_\_\_\_

**Port Hardy Secondary  
Registration Form**

Grade: \_\_\_\_\_

*The information on this form is collected under the authority of the School Act. Information is used for Ministry of Education reporting: demographic, enrollment, budget, facility, transportation and operational analyses. It will be kept secure and confidential, in accordance with the Freedom of Information and Protection of Privacy Act.*

**1. Student Demographics**

Legal First Name: \_\_\_\_\_ Birthday (dd/mm/yy): \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ Gender:  Male  Female

Legal Middle Name: \_\_\_\_\_ Siblings who currently attend: \_\_\_\_\_

Usual Name *if different*: \_\_\_\_\_ Previous School Attended: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address *if different*: \_\_\_\_\_

Student Lives With? \_\_\_\_\_ Legal Custody of Student? \_\_\_\_\_

**Aboriginal Ancestry?** (Y/N): \_\_\_\_\_  Non-Status  Status-on-reserve  Status-off-reserve

Band of Origin: \_\_\_\_\_ Band of Residence: \_\_\_\_\_

**2. Health Information**

BC Care Card # \_\_\_\_\_

Allergies and Health Conditions: \_\_\_\_\_

Life Threatening? (Y/N) \_\_\_\_\_ Comments: \_\_\_\_\_

Any Other Alerts To Be Made Aware Of? \_\_\_\_\_

**3. Legal Information**

Is there a court order? (Y/N) \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

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**"I certify that the information I have provided on this form is correct."**

\_\_\_\_\_  
*Parent/ Guardian Signature*

\_\_\_\_\_  
*Date*

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*For Office Use Only*

Date of request for records made: \_\_\_\_\_ Date Records Received: \_\_\_\_\_

White File Received

PSR Received

Red File Received (if applicable)

**4. Contact Information**

Student Lives With? \_\_\_\_\_ Legal Custody of Student? \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Contact Type: Parent/Guardian Emergency Other (specify): \_\_\_\_\_

Hm Phone #: \_\_\_\_\_ Wk Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Address if different: \_\_\_\_\_

Contact receives correspondence  Contact may not pick up student

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Contact Type: Parent/Guardian Emergency Other (specify): \_\_\_\_\_

Hm Phone #: \_\_\_\_\_ Wk Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Address if different: \_\_\_\_\_

Contact receives correspondence  Contact may not pick up student

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Hm Phone #: \_\_\_\_\_ Wk Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Address if different: \_\_\_\_\_

Contact receives correspondence  Contact may not pick up student

**Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

Contact Type: Parent/Guardian Emergency Other (specify): \_\_\_\_\_

Hm Phone #: \_\_\_\_\_ Wk Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Address if different: \_\_\_\_\_

Contact receives correspondence  Contact may not pick up student

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_