



# BELMONT SECONDARY SCHOOL REGISTRATION FORM

GRADE **10 11 12**  
(CIRCLE ONE)

## Student Information:

Legal Surname: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Surname (if different): \_\_\_\_\_ Preferred First Name (if different): \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Place/Date of Birth: \_\_\_\_\_ Citizenship (if not Canadian): \_\_\_\_\_

Involved in: Learning Assistance:  ESL:  IEP:   
Special Education:  Counselling:  Speech & Language:  French Immersion:

Aboriginal Ancestry: Yes:  / No:  Inuit:  Metis:  Non-Status:  Status-Off Reserve:   
Status-On Reserve:  Band of Residence Name: \_\_\_\_\_ DIA Number: \_\_\_\_\_

## 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: \_\_\_\_\_

## Emergency Contacts: (Parents will always be contacted first. This list is for back up purposes.)

2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

## Medical Information:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Care Card # \_\_\_\_\_

Allergies/Health Conditions: \_\_\_\_\_ Life Threatening? Yes:  / No:

Is this child currently on medication: Yes:  / No:  Description: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Registration Date: \_\_\_\_\_

RECORDS ( Req'd \_\_\_ Rec'd \_\_\_ PR Card \_\_\_ File \_\_\_ G.I. \_\_\_ )

COMP.DATA ( Enrolled \_\_\_ Demographic \_\_\_ Schedule \_\_\_ )