

Fairview School
Student Registration Form

Pupil No.: _____ Current Grade: _____

Student

Legal Last Name	Primary Phone	Cell Phone
Legal First Name	Street Address	
Legal Middle Name(s)	City	Prov PC
Preferred Last	Land Location <input type="checkbox"/> QS <input type="checkbox"/> SEC <input type="checkbox"/> RL <input type="checkbox"/> TWSP <input type="checkbox"/> REG <input type="checkbox"/> MER	
Preferred First	Mailing Address (if different than property address)	
Preferred Middle	Street Address	
Gender	Date of birth	RR Number/PO Box
Health Services No.	Alt. Health No.	City
Student e-mail	Family Courier <input type="checkbox"/>	Prov PC

Previous School Name _____ **GR** _____ City _____

PARENT / GUARDIAN INFORMATION

Last, First name _____

Relationship _____

Emergency Priority

Parent/Guardian

Emergency Contact

Primary Phone _____

Cell Phone _____

Work Phone _____

E-mail Address _____

Legal Guardianship

Lives with student

Receive Grade Mailing

Receive Conduct

Mailing Receive Other

Mailing Receive Email

Contact has portal access

Property Address (if not living with student)

Street Address _____

City _____ Prov _____ PC _____

Land Location QS SEC RL TWSP REG MER

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Street Address _____

RR Number/PO Box _____

City _____ Prov _____ PC _____

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RR Number/PO Box _____

City _____ Prov _____ PC _____

Student Registration Form

May 19, 2021

Pupil No.:

Current Grade:

EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Emergency Contact 2 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Daycare/Babysitter _____	Primary Phone _____	Work Phone _____
Address: _____	Cell Phone _____	Relationship _____

SIBLING INFORMATION

Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____

STUDENT MEDICAL ALERTS

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

CITIZENSHIP Country _____	Entry to Canada Date _____
CITIZENSHIP Country 2 _____	Citizenship Effective Date _____
Country of Birth _____	Home Language _____
Resident Type _____	HOME LANGUAGE 2 _____

ABORIGINAL ANCESTRY Inuit/Inuk Metis Non-Status-Indian Status-Indian

Living on Reserve Reserve of Residence _____ Band Affiliation _____

Parent / Guardian Signature _____ Date _____