



# Daryk Middle School (DMSchool)

Grades 7 & 8

2022-2023

Licensed by the Ministry of Education

Registration Date \_\_\_\_\_

(First day of attendance)

## STUDENT INFORMATION

Student No. \_\_\_\_\_  
 Legal Last Name \_\_\_\_\_  
 Legal First Name \_\_\_\_\_  
 Usual Last Name \_\_\_\_\_  
 Preferred First Name \_\_\_\_\_  
 Middle Name(s) \_\_\_\_\_  
 Gender **Female** \_\_\_\_\_ **Male** \_\_\_\_\_  
 Birth Date (DD-MM-YY) \_\_\_\_\_  
 Proof of Age \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_

## CIVIC ADDRESS

House No. Street \_\_\_\_\_ **Apt#** \_\_\_\_\_  
 Name City \_\_\_\_\_  
 Postal Code \_\_\_\_\_

## MAILING ADDRESS

Address if different from civic address (e.g. PO Box)

Civic address same as mailing address **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

## ADMISSION INFORMATION (office use only)

Admission Date \_\_\_\_\_  
 Grade \_\_\_\_\_ Division \_\_\_\_\_  
 Reason for Admission \_\_\_\_\_

## PREVIOUS SCHOOL AND DISTRICT

Previous District \_\_\_\_\_  
 Previous School \_\_\_\_\_  
 Cross Enrolled School \_\_\_\_\_

## BACKGROUND INFORMATION

Province & Country of Birth \_\_\_\_\_  
 Immigration Status \_\_\_\_\_  
 Language Spoken at home \_\_\_\_\_  
 ELL/ESD **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Aboriginal Ancestry **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 Status off Reserve **Métis** \_\_\_\_\_ **Inuit** \_\_\_\_\_ **Non-Status** \_\_\_\_\_  
 Living on Reserve **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 If yes, Band Name \_\_\_\_\_

Is student living independently (e.g., Living with self) **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Living with Student **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Address if different from student**

Place of Employment \_\_\_\_\_  
 Work Phone No. \_\_\_\_\_  
 Available at Work **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_  
 Cellular Phone No. \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Living with Student **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Address if different from student**

Place of Employment \_\_\_\_\_  
 Work Phone No. \_\_\_\_\_  
 Available at Work **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 Home Phone No. \_\_\_\_\_  
 Cellular Phone No. \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Do you have a specific custody arrangement we should know about? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
 If yes, please provide a copy of the court order.

**IN SCHOOL SIBLINGS**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Birthday (DD-MM-YY) \_\_\_\_\_

Gender \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

(Other than Parents who are able to pick up the children)

**Emergency Contact No. 1**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Cellular No. \_\_\_\_\_

**Emergency Contact No. 2**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home Phone No. \_\_\_\_\_

Work Phone No. \_\_\_\_\_

Cellular No. \_\_\_\_\_

**MEDICAL INFORMATION**

Care Card No. \_\_\_\_\_

Life-Threatening Illness? Yes  No  Details \_\_\_\_\_

Is there a medical diagnosis of Anaphylaxis? \_\_\_\_\_

Other Health Factors (example: Allergies) \_\_\_\_\_

Any additional information we should be aware of? \_\_\_\_\_

Medication(s) to be taken at school? Yes  No

**If yes, physician form must be on file prior to administering at school.**

**PROTECTION PRIVACY**

*The information will be used for education program purposes, transportation contractor if a bus student, and when required, may be provided to health services, social services or other support services as outlined. Information collected on this form will be protected under the School Policy.*

**Parent / Guardian approval:** \_\_\_\_\_

(Signature) \_\_\_\_\_ Date

School / Administration Notes: