Bastion Elementary
Student Registration Form

School Year: **2025—2026**

☐ English ☐ French Immersion Entering Grade _____ Start Date _____

STUDENT

Legal Last Name _____
Legal First Name _____
Legal Middle Name(s) _____
Usual Last Name _____
Usual First Name _____
Gender ☐ Male ☐ Female
Date of birth _____
Personal Health No. _____

Main Contact Phone _____
Street Address: _____
City _____ Prov _____ PC _____
Mailing Address (if different from property address)
Street Address _____
RR Number/PO Box _____
City _____ Prov _____ PC _____

Previous School Name _____ District _____ City _____

PARENT / GUARDIAN INFORMATION—1st Contact

Name (last, first)_____

☐ Male ☐ Female Relationship _____
☐ Parental authority or guardian ☐ Lives with student
☐ Can pick up ☐ Has portal access
☐ Receive mailings ☐ Receive email

E-mail address: _____
Home Phone _____
Cell Phone _____
Work Phone _____

Property Address (if not living with student)
Street Address _____
PO Box/RR Number _____
City _____ Prov _____ PC _____
Mailing Address (if different from student/property address)
Street Address _____
PO Box/RR Number _____
City _____ Prov _____ PC _____

PARENT / GUARDIAN INFORMATION—2nd Contact

Name (last, first)_____

☐ Male ☐ Female Relationship _____
☐ Parental authority or guardian ☐ Lives with student
☐ Can pick up ☐ Has portal access
☐ Receive mailings ☐ Receive email

E-mail address: _____
Home Phone _____
Cell Phone _____
Work Phone _____

Property Address (if not living with student)
Street Address _____
PO Box/RR Number _____
City _____ Prov _____ PC _____
Mailing Address (if different from student/property address)
Street Address _____
PO Box/RR Number _____
City _____ Prov _____ PC _____

PARENT / GUARDIAN INFORMATION (if applicable)

Name (last, first) _____ 3rd Contact? _____

☐ Male ☐ Female Relationship _____
☐ Parental authority or guardian ☐ Lives with student
☐ Can pick up ☐ Has portal access
☐ Receive mailings ☐ Receive email

E-mail address: _____
Home Phone _____
Cell Phone _____
Work Phone _____

Property Address (if not living with student)
Street Address _____
PO Box/RR Number _____
City _____ Prov _____ PC _____
Mailing Address (if different from student/property address)
Street Address _____
PO Box/RR Number _____
City _____ Prov _____ PC _____

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LOCAL EMERGENCY CONTACT INFORMATION

(Optional—may be contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1: _____ Cell Phone _____ Home Phone _____

Relationship _____ Can pick up ☐ YES ☐ NO

Emergency Contact 2: _____ Cell Phone _____ Home Phone _____

Relationship _____ Can pick up ☐ YES ☐ NO

Emergency Contact 3: _____ Cell Phone _____ Home Phone _____

Relationship _____ Can pick up ☐ YES ☐ NO

SIBLING INFORMATION

Name _____ Male ☐ Female ☐ Birthdate _____ Relationship_____

Name _____ Male ☐ Female ☐ Birthdate _____ Relationship_____

Name _____ Male ☐ Female ☐ Birthdate _____ Relationship_____

Name _____ Male ☐ Female ☐ Birthdate _____ Relationship_____

Name _____ Male ☐ Female ☐ Birthdate _____ Relationship_____

STUDENT LEGAL ALERTS

Court order on file? _____ Description_____

STUDENT MEDICAL ALERTS

Life threatening? _____ Description_____

OTHER STUDENT ALERTS: Health, family or other information

Description _____

CITIZENSHIP (country) _____ Visa status _____ Expiration _____

LANGUAGE At home _____First _____

ABORIGINAL ANCESTRY

No ☐ **Yes ☐** : Metis ☐ Inuit ☐ Status-On Reserve ☐ Status-Off Reserve ☐ Non-Status ☐

Band of Origin _____ Band of Residence _____ Status No. _____

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79 (2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact your School Administrator.

Parent / Guardian Signature _____ **Date** _____