

First Parent/Guardian

Has Custody: _____ Student Lives with: Yes No
Relationship: _____ Last Name: _____
First Name: _____ Prefix: Mr. Mrs. Miss Ms
Address if not same as student: _____
Apt No/Street City/Province Postal Code
Business Telephone: _____ Home Telephone: _____ Cell Telephone: _____
Fax: _____ Pager: _____ Email Address: _____

Second Parent/Guardian

Has Custody: _____ Student Lives with: Yes No
Relationship: _____ Last Name: _____
First Name: _____ Prefix: Mr. Mrs. Miss Ms
Address if not same as student: _____
Apt No/Street City/Province Postal Code
Business Telephone: _____ Home Telephone: _____ Cell Telephone: _____
Fax: _____ Pager: _____ Email Address: _____

I verify that the information contained in this registration is accurate and complete.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date _____

Registration accepted by:
Administrator: _____ Date: _____

The information on this form is collected under the authority of the School Act, sections 13 and 97. The information will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.