



Eric Hamber Secondary School Student Registration Form

Student No.: _____

Current School: _____

Neighbourhood High School: _____ Applying for Grade: _____ School Year: _____

Section A – Student Information

Legal Name: _____
LAST *FIRST* *MIDDLE*

Usual Name: _____
LAST *FIRST*

Home Phone Number _____ Gender: M F Birth Date: _____
dd-mmm-yyyy

Address: _____ City: _____ Postal Code: _____

Country/Province of Birth: _____ Language: _____ Language at Home: _____

Citizenship Status (*circle one*): Canadian Citizen | Landed Immigrant | Work Permit | International Student

Aboriginal Ancestry: Yes No If YES, would you like to receive Enhanced Educational Services? Yes No

Section B – Parent/Guardian Information

Siblings attending Hamber (if any) _____ Male Female Birth Date: _____

Mother/Guardian Name: _____	Father/Guardian Name: _____
Relationship to student: _____ (<i>If not mother</i>)	Relationship to student: _____ (<i>If not father</i>)
Living with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (if NO): _____	Address (if NO): _____
Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone number _____	Home Phone number _____
Cellular Phone number _____	Cellular Phone number _____
Work Phone number _____	Work Phone number _____
Email Address _____	Email Address _____

Section C – Emergency Contact Information (Other than parents/guardians in Section B)

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Home Phone number _____	Home Phone number _____
Cellular Phone number _____	Cellular Phone number _____
Work Phone number _____	Work Phone number _____

Any other pertinent contacts (i.e. Social Worker, etc.)? _____

Section D – Medical Information

Doctor: _____ Phone Number: _____ Care Card Number: _____

Allergies or Health Conditions: _____

Life Threatening? Yes No (If YES, please ask Office Staff for an Emergency Care form for you to complete).

Section E – Please Attach Copies of the Following Registration Documents:

- Birth Certificate / Canadian Immigration Documents (Visa)
- ID of both Parents (Driver License, Canadian Passport/Visa, Permanent Residence Card)
- Most Recent Report Card
- Proof of Residency (2 pieces – 2 Primary Documents OR One Primary and One Secondary Documents)
 - ✓ **Primary documents:** Recent Property Tax Notice; Purchase Agreement; Utility /Cable /Land Phone Bill
 - ✓ **Secondary documents:** Vehicle Registration, Recent Bank or Credit Card Statement, etc.

Student's Signature: _____ Parent/Guardian's Signature: _____

Date: _____