



# ABBOTSFORD ELECTRONIC SCHOOL

School District No. 34 (Abbotsford)  
3277 Gladwin Rd. Abbotsford BC V2T 4Y9  
Tel: (604) 859-9803  
Fax: (604) 854-1463

## REGISTRATION FORM

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**1<sup>st</sup> Child**      **PEN** \_\_\_\_\_      **MacSchool #** \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Legal name (if different from above): \_\_\_\_\_

Sex: M  F       Age: \_\_\_\_\_      Grade: (Sept. 06) \_\_\_\_\_

Date of Birth (YY/MM/DD): \_\_\_\_\_      Birthplace: \_\_\_\_\_

Current or last school: \_\_\_\_\_      City: \_\_\_\_\_      Date Left: \_\_\_\_\_

Status of Parent and child in Canada:

Canadian Citizen  Landed Immigrant  Refugee  Other  \_\_\_\_\_

**Copy of Birth Cert.**

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**2<sup>nd</sup> Child**      **PEN** \_\_\_\_\_      **MacSchool #** \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Legal name (if different from above): \_\_\_\_\_

Sex: M  F       Age: \_\_\_\_\_      Grade: (Sept. 06) \_\_\_\_\_

Date of Birth (YY/MM/DD) \_\_\_\_\_      Birthplace \_\_\_\_\_

Current or last school: \_\_\_\_\_      City: \_\_\_\_\_      Date Left: \_\_\_\_\_

Status of Parent and child in Canada:

Canadian Citizen  Landed Immigrant  Refugee  Other  \_\_\_\_\_

**Copy of Birth Cert.**

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**3<sup>rd</sup> Child**      **PEN** \_\_\_\_\_      **MacSchool #** \_\_\_\_\_

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Legal name (if different from above): \_\_\_\_\_

Sex: M  F       Age: \_\_\_\_\_      Grade: (Sept. 06) \_\_\_\_\_

Date of Birth (YY/MM/DD) \_\_\_\_\_      Birthplace \_\_\_\_\_

Current or last school: \_\_\_\_\_      City: \_\_\_\_\_      Date Left: \_\_\_\_\_

Status of Parent and child in Canada:

Canadian Citizen  Landed Immigrant  Refugee  Other  \_\_\_\_\_

**Copy of Birth Cert.**

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**Family Information:**

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Child(ren) live(s) with: Mother  Father  Foster Parent

Legal custody: Y / N Legal Guardian: Y / N Other (specify): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Wk. Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Wk. Phone #: \_\_\_\_\_

Languages spoken in the home: 1) \_\_\_\_\_ 2) \_\_\_\_\_

English Language Training is requested \_\_\_\_\_

<p>Aboriginal Ancestry <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Status _____ Status _____</p> <p>If yes to the above question – would you like your child to receive support in the following areas:</p> <p><input type="checkbox"/> Cultural <input type="checkbox"/> Academic <input type="checkbox"/> Language <input type="checkbox"/> No, I do not wish to receive support</p> <p>Currently living on a reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No Band Name _____ Band # _____</p>
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**Emergency & Medical Information:**

Emergency Contact #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(other than parent)  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(other than parent)  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Office No: \_\_\_\_\_

Care Card No: \_\_\_\_\_ Medical Alerts/Allergies: \_\_\_\_\_

**Does your child have a special need that may require special services (medical concerns, special needs, etc.)  
If so, please explain below:**

**Will you require a computer?** Yes  No

Course materials will be determined during a parent/teacher interview.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_