



ADULT BASIC EDUCATION REGISTRATION FORM

STUDENTS INFORMATION

Legal Last Name: _____ Legal Middle Name: _____

Legal First Name: _____

Preferred Name: _____ Date of Birth (D/M/Y) _____

Gender: Male Female Grade Assignment: _____

Birth Place: _____ Birth Country: _____

Birth Certificate #: _____ Copy of Birth Certificate: Yes No

Home Language: _____ Aboriginal Ancestry: Yes No

Band Name: _____ Copy of Status Card: Yes No

Student's Physical Address: _____

Student's Mailing Address: _____

Previous School (if applicable): _____

Previous School Address (If known): _____

EMERGENCY CONTACT INFORMATION

Contact 1: _____ Home Phone: _____

Relationship to Student: _____ Cell Phone: _____

Contact 2: _____ Home Phone: _____

Relationship to Student: _____ Cell Phone: _____

EMERGENCY MEDICAL CONSENT

Family Doctor: _____ Phone Number: _____

Family Dentist: _____ Phone Number: _____

STUDENT'S HEALTH INFORMATION

Health Care Card Number: _____ Copy of Health Card: Yes No

Allergies: _____ Life Threatening: Yes No

**CHALO SCHOOL
CONSENT FOR USE OF PERSONAL INFORMATION**

It is a tradition in our school to allow staff and the media to photograph individual students and groups of students to commemorate events and to promote various educational, sport, and cultural events taking place in the school. While photographs add to the community life of our school, they are not required for educational purposes. As such, consent for the release of your name, photograph, and comments is required. Students' names, photographs, and comments may be published in the school yearbook or newsletter, and on occasion, in the news media.

I give my consent for the publication of my name, photograph, and comments for purposes consistent with the above.

I do not give my consent for the publication of my name, photograph, and comments for purposes consistent with the above.

Signature: _____ Date: _____