

**STUDENT REGISTRATION FORM
MYRTLE PHILIP COMMUNITY SCHOOL**

Registration Date _____

Student Name _____

Birthdate _____ Last _____ First _____ Middle _____
Sex: M ___ F ___

First Language _____ Citizenship if not Canadian _____

Home Address _____ Bus Stop _____

Mailing Address (if different than above) _____

Home Phone _____ Cell _____ E-Mail Address _____

Father/Guardian _____

Employer _____ Last _____ First _____ Work Phone _____

Mother/Guardian _____

Employer _____ Last _____ First _____ Work Phone _____

EMERGENCY CONTACT OTHER THAN PARENT: MUST LIVE IN WHISTLER

1. Name: _____ Phone Number _____

2. Name: _____ Phone Number _____

In case of accident/sickness may we call a doctor? Yes ___ No ___

Name of Doctor _____ Phone Number _____

Special Instructions, Physical Disabilities, Allergies etc. (Parents must complete a form before any teacher is able to administer any medication.)

Last School Attended _____ Address _____

School last attended in BC. As above or _____

Date of Leaving _____ Grade Upon Leaving ___ Grade Placement ___