

STAR ACADEMY – REGISTRATION FORM

DATE REGISTERED: _____
Month Day Year

NEW STUDENT?: ____ Yes ____ No

STUDENT INFORMATION: (Please print clearly above the line)

Last Name First Name Middle Name

Date of Birth: _____ Languages Spoken: ____ English ____ French
Month Day Year Other: _____

School Year Contact Information:

No. Street Apt.

City Province Postal Code Home Phone
() -

Foreign Student?: ____ No ____ Yes, and copy of Student Visa is enclosed

Permanent Contact Information: (if different from above) ____ N/A

No. Street Apt.

City Province Postal Code Country Home Phone
() -

Previous School Information: (if New Student)

Previous School Attended

Last Grade Level Grade Received Last Date at Previous School Attended

FAMILY INFORMATION:

Student Resides with: Both Parents Mother Father Other: _____
(Please circle one above)

Siblings:

Oldest/Only Child at School? ____ Yes ____ No Siblings at School? ____ Yes ____ No

Names of Siblings: _____

IN CASE OF EMERGENCY:

First Name () -	Last Name () -	Relationship to Student () -
Home	Work	Cell

Email

Permission for Hospitalization – I understand that in case of any emergency, the school will make every effort to contact me or the emergency contact person I named above. If no contact can be made, I give my permission for my child to be transported to the nearest hospital and treatment provided.

Parent Signature (Signature gives authorization)	Date
--	------

MEDICAL INFORMATION:

Student Health Card #: _____

If Foreign Student, please include the following:

Health Insurance Policy No.: _____ Company: _____

Professional Contacts: (Family Physician contact information is required)

Family Physician	() -
Occupation Name	Phone Email/Other
Occupation Name	Phone Email/Other
Occupation Name	Phone Email/Other
Occupation Name	Phone Email/Other
Occupation Name	Phone Email/Other

Medical Conditions – Check all that apply: _____ No Medical Conditions

_____ Eye	_____ Ear, Nose, Throat	_____ Gastrointestinal
_____ Neurological	_____ Orthopedic	_____ Respiratory
_____ Skin		

Specify Medical Condition/Other: _____

Allergies – Check all that apply: No Allergies

Peanut

Bees

Food Allergies

Hay fever

Eczema

Penicillin

Hives

Specify Severity of Allergic Reaction/Other: _____

Is an EpiPen required? Yes No

MEDICATION:

Please list **ANY** medications the student must take or those they may take, **including** medications such as Tylenol or cough drops. Note that the staff is not authorized to give any medication unless it is recorded on the medication form. Please ensure that the medication record of your child is current and notify the office of any changes, or updates. Ensure that all medications listed below are included and handed in to the office.

EpiPens: If the student requires an EpiPen, please ensure that two are always kept on school site and record the EpiPen requirements in the medication chart below.

List medications and dosage for each individual time that medication must be administered. If medication time is “as needed”, please specify.

Medication	Dosage	Time	Days (ex. M-F or M, W, F)	Special Instructions

Permission for Medication – I authorize the school to give my child the medications listed above at the designated times and days.

Parent Signature (Signature gives authorization)

Date

OFF-PREMISE ACTIVITIES:

There are many times when the staff plan outings that require the children to be supervised off the grounds of our school. As always, the utmost care is taken to ensure the safety of our students. Please fill in the chart below as you deem appropriate (signature gives authorization).

Activity	Check (✓)	Parent Signature	Date
Neighbourhood walk			
Transportation in a Star Academy staff vehicle			
Transportation by a parent volunteer on a trip			

