



*** Please complete all sections – form MUST BE RETURNED to the office ***

2020/2021

South Surrey White Rock Learning Centre
#13 – 2320 King George Blvd.
Surrey, BC V4A 5A5
Phone (604)-536-0550 Fax (604)-535-8046
Registration Information Form

*** PLEASE PRINT CLEARLY ***

Legal Last Name: Gender:
Legal First Name:
Usual Last Name:
Preferred First Name:
Legal Middle Name:
Birth Date (yyyy/mm/dd) / / Age (at time of reg)
Student Email:
Student Cell:

OFFICE USE ONLY
MyEd Student #: PEN:
Reg. Date: Admission Date:
Grade: 10 11 12 Session: AM PM EVE
Course Teacher Section #
Fees Paid \$ Notes:

STUDENT MEDICAL INFORMATION
Allergies/Health Conditions:
Life Threatening Yes No Anaphylaxis Yes No
Other

HOME ADDRESS/PHONE
Street Address Apt# City Postal Code
Home Phone

PARENTS/GUARDIANS INFORMATION:
Relationship: (Parent: Mother/Father or Guardian)
Last Name First Name Home # Work # Cell # E-mail

LIVING SITUATION: Please check one
Alone With one parent (mother or father) Foster home Safe house
With friends With two parents Group home Other
Government Agencies: Please indicate any agencies involved in your life
Social Services Probation Ministry of Children & Families Mental Health
Contact Name: Tel: **Please provide if indicated above

On occasion, the school may need to send your child home due to illness or for failure to meet the school's code of conduct. In the event that the school is unable to reach a parent/guardian, I grant the school permission to send my child home.

Student Signature: Parent Signature: