

Office Use Only:

Date of Registration (mm/dd/yyyy): / /	Current Grade:	Catchment school:
Preferred School:	Out of Catchment form completed: Yes No	
Out of District	Out of District form completed: Yes No	
Time of Registration (am/pm):	Start date (mm/dd/yyyy): / /	PEN:

Student Information

Legal Last Name:	Address:	
Legal First Name:	City:	
Legal Middle Name:	Province:	Postal Code:
Usual Name:	Home Phone #:	
Birthdate (mm/dd/yyyy):	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Mobile Phone #:
Proof of Age Attached (birth certificate): <input type="checkbox"/> Yes <input type="checkbox"/> No	Proof of Address Attached (2 required): <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Legal Alert: <input type="checkbox"/> Child in Care <input type="checkbox"/> Court Order <input type="checkbox"/> Other special considerations or comments:		
First Language:	Student attended a StrongStart Centre: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language at home:	English Language Learner: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country/Province of Birth:	Citizen of:	
Special Education Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Category (if known):	I.E.P.: <input type="checkbox"/> Yes <input type="checkbox"/> No
Aboriginal Ancestry: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Status <input type="checkbox"/> Non-Status		

Parent/Guardian Information

Name:	Name:	
Relationship to student:	Relationship to student:	
Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with student: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Address:	
Home Phone #:	Home Phone #:	
Mobile Phone #:	Work Phone:	Mobile Phone #: Work Phone:
Email:	Email:	

Funding Category: For office use only Canadian Citizen Permanent Resident/Landed Immigrant International Funding Eligible	International Funding Not Eligible Out of Province Canadian Funding Not Eligible Refugee – Convention or Claimant (circle one that applies)
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Emergency Contact (other than parent) 1

Emergency Contact (or daycare) 2

Name:	Name:
Relationship to student:	Relationship to student:
Home Phone #:	Home Phone #:
Mobile Phone #:	Mobile Phone #:

Student Medical Health Information

Doctor name:	Dentist name:
Phone #:	Phone #:
Student's CareCard Number:	
Medical Alert: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
Please list any health concerns, e.g., vision, hearing, allergies, chronic illness, etc.:	

Sibling Information

First/last name:	Birthdate (mm/dd/yyyy):	School:
First/last name:	Birthdate (mm/dd/yyyy):	School:
First/last name:	Birthdate (mm/dd/yyyy):	School:
First/last name:	Birthdate (mm/dd/yyyy):	School:

Name and Address of Previous School:	
Copy of last report card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of transfer from previous school: <input type="checkbox"/> Yes <input type="checkbox"/> No

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational program and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79 (2) of the School Act. The information collected on the form will be protected in accordance with the provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the School Administration.

I certify that all information in this registration form is true and complete. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to this information. Please sign upon presentation of this form at your school.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only

Assigned to:	Grade:	Division:	Teacher:
Student Registration Form Received by:			