



SCHOOL DISTRICT NO. 40 (NEW WESTMINSTER) STUDENT REGISTRATION FORM (Part 1)

Location: _____

FOR OFFICE USE ONLY:

Date of Registration (YY/MM/DD): 20____/____/____ Out of Catchment _____ Out of District
(Preferred School)

Time of Registration: _____ am /pm Date Student Appeared (YY/MM/DD): 20____/____/____ **PEN** _____

Student: _____, _____, _____ M F
(Last name) (First Name) (Middle Name)

Birthdate (YY/MM/DD): ____/____/____ Birthplace: Canada: _____ Other: _____

Primary Language Spoken in the Home: _____ First Nations Ancestry: Yes No Status Non-Status Métis

ESL _____ If not a Canadian Citizen, student's status: Permanent Resident Study Permit Work Permit Refugee

Student's Address: _____

Postal Code: _____ Telephone: () _____ Student's CareCard Number: _____

Copy of student's immunization record attached? Yes No **Medical Alert:** No Yes **Specify:** _____

Please list any health concerns, e.g., vision, hearing, allergies, chronic illness, etc.: _____

RESIDENCE: Parents: Same Separate **Student:** Both Parents Mother Father Other: _____

Legal Alert: Yes No **Court Order:** Yes No

Other special considerations or comments: _____

Parent/Guardian email _____ Relationship to student: _____ Name: _____ Address: _____ Home Tel: () _____ Cell: () _____ Employer: _____ Work Telephone: () _____	Parent/Guardian email _____ Relationship to student: _____ Name: _____ Address: _____ Home Tel: () _____ Cell: () _____ Employer: _____ Work Telephone: () _____
Emergency Contact 1 Relationship to student: _____ Name: _____ Telephone: () _____ Cell: () _____	Emergency Contact 2 Relationship to student: _____ Name: _____ Telephone: () _____ Cell: () _____
Daycare Relationship to student: _____ Name: _____ Telephone: () _____ Cell: () _____	Family Doctor: _____ Telephone: () _____
Brothers: _____ Date of Birth: _____ _____ _____	Sisters: _____ Date of Birth: _____ _____ _____

Previous School

Name and Address of Previous School: _____

For Kindergarten Students: Has your child participated in Strong Start? Yes No **Regular Child Care?** Yes No

Copy of last report card? Yes No Copy of transfer from previous school? Yes No

Special Education Designation: Yes No **Category (if known)** _____ **I.E.P.:** Yes No

I certify that all student information in this registration 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.

Signature of Parent/Guardian: _____

Assigned to: Primary: _____ Intermediate: _____ Division: _____ Teacher: _____
Student Registration Form Received by: _____ Date: _____