

**KINDERGARTEN STUDENT REGISTRATION / INFORMATION FORM
SCHOOL DISTRICT NO. 43 (COQUITLAM)
BAKER DRIVE ELEMENTARY**

LAST NAME _____
 Legal Surname _____ Used Surname (if different from Legal) _____

GIVEN NAME _____
 Legal First, Middle Name _____ Used First Name (if different from Legal) _____

ADDRESS _____
 Home Telephone Number _____ City _____ Province _____ PC _____

DATE OF BIRTH _____ (yy / mm / dd) Male Female Birth Certificate Provided yes no

First Nation's Ancestry yes no Care Card Number _____

PLACE OF BIRTH _____
 Province _____ Country _____

Student resides with Mother & Father Mother Father Guardian

Proof of residency in BC verified (copied and attached): yes no

Court Order in Effect yes no Copy of Court Order Provided to School yes no

Comments re Court Order _____
 (e.g.. Joint guardianship, sole custody, limited access to child, etc.)

MOTHER'S NAME _____
 (Miss/Mrs./Ms.)

Home Address (if different from above) _____

Home Telephone No. _____ Work Telephone No. _____ Cell Phone No. _____ Email Address _____

FATHER'S NAME _____

Home Address (if different from above) _____

Home Telephone No. _____ Work Telephone No. _____ Cell Phone No. _____ Email Address _____

GUARDIAN'S NAME _____

Home Address (if different from above) _____

Home Telephone No. _____ Work Telephone No. _____ Cell Phone No. _____ Email Address _____

LANGUAGE SPOKEN IN THE HOME _____

IF RECENT IMMIGRANT TO CANADA, please indicate entry date into Canada Year _____ Month _____ Day _____

Immigration Papers Provided yes no Proof of Citizenship for parent & child: yes no

DOCTOR'S NAME _____

Telephone Number _____

DENTIST'S NAME _____

Telephone Number _____

EMERGENCY CONTACTS:

Name	Address	Home Phone	Cell Phone

MEDICAL ALERT: Please list any serious difficulties or medical problems of your son\daughter about which the teacher should know.

***Life Threatening** **yes** **no** *** If Life Threatening please see office staff to request a Medical Alert Form**

Other relevant information that school staff should know about my child: _____

PREVIOUS SCHOOL/PRESCHOOL _____

The information on this form is collected under the School Act, Section 13 and 97. The information will be used for educational programs purposes and when required, may be provided to health services, social services or other support services as outlined in Section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or the Information and Privacy Coordinator, School District No. 43.