



OFFICE USE ONLY

Teacher: _____ Grade: _____ Starting Date: _____ (yyymmdd)

HERITAGE MOUNTAIN ELEMENTARY
School District No. 43(Coquitlam)
Student Registration Information Form

Registration Date _____ (yyymmdd) Student's Birthdate _____ (yyymmdd)

Legal Last Name _____ Gender Male [] Female []

Legal First Name _____ Doctor's Name _____

Middle Name _____ Doctor's Phone # _____

Used Last Name(if different) _____ Care Card # _____

Used First Name(if different) _____

Address _____ Medical Alert _____

City _____ Postal Code _____ List any serious disabilities, difficulties or medical problems of your child about which the teacher should know:

Home Phone _____

Mailing Name: Mr. & Mrs. [] Miss [] Mr. [] Mrs. [] Ms. []

Parent's Email:

Form with fields for Mother's Name, Work Phone, Cell Phone, and Mother's Home Address & Phone Number.

Name and Address of Pre-School or Previous School

Last Grade attended in Previous School _____

Table with columns for Names of Brothers and Sisters and School.

Form with fields for Father's Name, Work Phone, Cell Phone, and Father's Home Address & Phone Number.

Form with fields for First Nations Ancestry, Yes/No, If yes, Status, and Metis.

Canadian Birth Certificate Provided Yes [] No []

Country of Birth

Student _____

Mother _____

Father _____

Province of Birth (if Canada) _____

Language Spoken at Home _____ E. S. L. Yes [] No []

If recent immigrant to Canada, please indicate entry date into Canada

Year _____ Month _____ Day _____

Immigration Papers Provided: Yes [] No []

The information on this form is collected under the School Act, Section 13 & 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.

Student Resides with: Mother & Father [] Mother [] Father [] Grandparent(s) [] Guardian []

Custody Court Order In Effect? Yes [] No []

Cop of Court Order Provided to School Yes [] No []

Comments re: Court Order

(e.g. joint guardianship, sole custody, limited access to child etc.)

Form for ALTERNATES, IN CASE OF ILLNESS OR EMERGENCY with fields for Name, Relationship, Home Phone, Work Phone, and Cell Phone.

In order to facilitate the planning of my child's program, I hereby authorize School District #43(Coquitlam) to obtain any confidential information and records from the previous school concerning my above named child.

Signature of Parent or Guardian

