



Kindergarten Registration School Year 2024-2025 Welcome to School District No. 43 (Coquitlam)!

Instructions for Kindergarten Registration

Step 1: Use the School Locator tool on our website to determine your catchment school

To use our [School Locator](#) tool on our website, simply type in your street name and follow the instructions.

Step 2: Complete the Kindergarten Registration Form (PDF). Save this document on your device as “K Reg for [Name of Child]”

It is recommended that you download the Kindergarten Registration Form on a computer, please contact your catchment school to pick up a paper copy of the form.

This Kindergarten Registration Form includes the following:

- Instructions on how to send your Kindergarten Registration Form electronically (Step 4)
- Student Registration Form

Step 3: Prepare the required verification documents for registration.

Families have the option of sending scans/photos of all required verification documents.

If a school receives all of the required verification documents, there will be no need for families to visit the school in person to have their documents verified. However, schools may still need to request an in-person appointment if the documents are incomplete or inaccurate.

If you choose not to email your required verification documents, you will still need to email the registration form. Then you will be contacted by the school to schedule a time for you to bring in the required documents for verification.

- **Proof of citizenship for parent & child (one of):** birth certificate; passport; PR Card; Canadian Citizenship Card; status card
- **Proof of B.C. residency for parent (one of):** rental contract; property purchase contract; income tax statement; property tax statement;
- **Two of the following documents:** utility bill; B.C. driver's license; B.C. vehicle registration; Canadian bank or credit card statement; B.C. ID.
- **Proof of Guardianship: (one of):** child's paper birth certificate (long form) – parents are named; income tax statement – children are declared; parent's confirmation of Permanent Residency or Record of Landing or valid Immigration Canada documents – children named; if parents live separately, court order or written agreement granting care to accompanying parent; if not the parent, legal guardianship must be by will in accordance with the Infants Act or court order in accordance with the Family Law Act in British Columbia

Step 4: Send an email back to your catchment school (email is found at the bottom section of the school's homepage) and attach the Student Registration Form and required verification documents.

- A total of seven (7) documents must be submitted: Student Registration Form (one) and Required Verification Documents (six)
- Locate / verify your catchment school using the [School Locator](#) on our website

- Find the email address for your catchment school at the bottom section of your catchment school's homepage. For example, see image below.

École Rochester Elementary School
411 Schoolhouse Street, Coquitlam BC Office
V3K 4Y7

Phone: 604.939.4624
Fax: 604.937.8037
Email: rochester@sd43.bc.ca

Our school strives to keep our community informed of all school events, visit www.sd43.bc.ca to ensure you receive the most up-to-date information.

**- EXAMPLE ONLY -
SEND EMAIL TO YOUR
CATCHMENT SCHOOL**

School email is found at the bottom section of the school's homepage

If your child has any special education needs, we ask that you contact District Learning Services at 604-937-6386 and ask to speak with the Zone Coordinator for your catchment school.

Step 5: You will be notified of your placement by the principal.

Cross Catchment

Parents sometimes wish for their children to attend a school that is not their catchment school. In such cases, **you must first register at your catchment school.**

For more information about the Cross Catchment process, please visit www.sd43.bc.ca/crosscatchment.

International Education

Families who wish to register and are non-residents of Canada must contact:

International Education Department

1080 Winslow Avenue
Coquitlam, British Columbia
Canada V3J 0M6
604-936-5769

InternationalEd@SD43.bc.ca

<https://www.internationaleled.com/>



School District No. 43 (Coquitlam) STUDENT REGISTRATION FORM

OFFICE USE
ONLY

Date of registration:

Grade:

Homeroom:

STUDENT REGISTRATION INFORMATION

Student's Legal Name:

Last Name

First Name

Middle Name

Student's Preferred Name:

(if different from above)

Last Name

First Name

Middle Name

Student Date of Birth:

____/____/____
DD MM YYYY

Gender at Birth: Male Female

Gender Identity: Male Female Non-Binary

Birthplace:

City

Province

Country

Home Language: _____

Language Most Used: _____

First Language: _____

Student's Primary Address:

Street Address

City

Province

Postal Code

Country

Student cell# (if applicable): _____

Student email address (if applicable): _____

Siblings (that are school age only):

1:

Name

School attending

Relationship

Grade

2:

Name

School attending

Relationship

Grade

3:

Name

School attending

Relationship

Grade

International Student:

Yes

No

Indigenous Ancestry:

Yes

No

Status

Non Status

Metis

Inuit

If Status: Band of Origin: _____

Band of Residence: _____

Last School attended:

Name

City

Province

Country

Grade: _____

Out of Country

Out of Province

Out of District

In District

PARENT/GUARDIAN INFORMATION

Student lives with:

Both Parents

Parent/ Guardian 1

Parent/ Guardian 2

Legal Guardian

Other: _____

Parent/Guardian 1 (of student's primary residence): _____

Last Name

First Name

Middle Name

Canadian Citizen

Permanent Resident

International

Refugee

If not a Canadian citizen—Country of Citizenship of Parent/ Guardian: _____

Relationship to Student:

Mother

Father

Other: _____

Parent/Guardian Email(s): _____

Telephone:

Home: _____

Work: _____

Cell: _____

Please indicate if there is a court order on file regarding your child.

Yes

No

Copy of court order provided:

Yes

No

PARENT/GUARDIAN INFORMATION CONT'D

Parent/Guardian 2 : _____

_____ Last Name First Name Middle Name
 Canadian Citizen Permanent Resident International Refugee

If not a Canadian citizen – Country of Citizenship of Parent/ Guardian: _____

Relationship to Student: Mother Father Other: _____

Address: _____

_____ Street Address City Province Postal Code
(if different from student's primary address, has residency documentation as per District Eligibility Checklist been verified): Yes No

Parent/Guardian Email(s): _____

Telephone: Home: _____ Work: _____ Cell: _____

EMERGENCY CONTACTS

Alternate emergency contacts will only be used if parents/guardians cannot be reached.

Alternate Emergency Contact 1: _____ **Relationship to Student:** _____

_____ Last Name First Name
Telephone: Home: _____ **Work:** _____ **Cell:** _____

Alternate Emergency Contact 2: _____ **Relationship to Student:** _____

_____ Last Name First Name
Telephone: Home: _____ **Work:** _____ **Cell:** _____

Alternate Emergency Contact 3: _____ **Relationship to Student:** _____

(Out of Province to be called in the event of a natural disaster) Last Name First Name
Telephone: Home: _____ **Work:** _____ **Cell:** _____

MEDICAL INFORMATION

Personal Health Care Number: _____

Are there any medical problems your child may be experiencing which their teacher should be aware of?

Not life threatening/ Health Alert (allergies, etc.)

Life threatening/ Health Alert (anaphylaxis, allergies, etc.)

Other student alerts – family or other information (involvement of specialists such as pediatricians, occupational therapist/ physical therapists, counsellor, social worker, etc.)

Information collected for students is collected under the authority of the School Act, Sections 13 and 79. The information will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outline in Section 79 (2) of the Information collected for students is collected under the authority of the School Act, Sections 13 and 79. The information will be used for educational program purposes and, when required, may be provided to health services, social services, or other support services as outline in Section 79 (2) of the School Act. The information provided on this form is protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and the use of this information should be directed to the principal of the school or the Information & Privacy Officer, School District #43, 1080 Winslow Ave, Coquitlam, BC V3J 0M6 Phone: (604) 939 9201.

I hereby declare that I have read and understood the information contained on this form and the information I have provided is correct.

Date

Parent/Guardian Signature