

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

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

GIVEN NAMES: _____
Legal First, Middle Name _____ Usual First name (if different from Legal) _____

DATE OF BIRTH: _____ Male Female Birth Certificate Provided Yes No
(day/month/year)

ADDRESS: _____
Street _____ City _____ Postal Code _____
Home Telephone Number _____ Email _____

PREVIOUS SCHOOL/PRESCHOOL _____

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: _____
(Or Guardian) (Miss/Mrs./Ms.) Work Telephone _____ Cell Phone _____

_____ Email _____ Address (if different from above) _____ Home Telephone _____

FATHER'S NAME: _____
(Or Guardian) Work Telephone _____ Cell Phone _____

_____ Email _____ Address (if different from above) _____ Home Telephone _____

ALTERNATE: _____
(Daycare or person to contact in case of illness/emergency) Telephone _____ Cell _____

2nd ALTERNATE: _____
(Daycare or person to contact in case of illness/emergency) Telephone _____ Cell _____

First Nations Ancestry Metis Status Non-status No

PLACE OF BIRTH _____ LANGUAGE(S) SPOKEN AT HOME _____
Province / Country

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

Proof of residency in BC Verified: Yes No

DOCTOR: _____ TELEPHONE: _____

Care Card Number: 9 _____

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