

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 _____ Used First Name (if different from Legal) _____

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

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

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 _____
(Miss/Mrs./Ms.) _____ Work Telephone _____ Cell Phone _____
Home Address (if different from above) _____ Home Telephone _____

FATHER'S NAME _____
Home Address (if different from above) _____ Work Telephone _____ Cell Phone _____
Home Telephone _____

MAILING NAME FOR PARENTS/GUARDIANS _____
(How would you like to be addressed, eg. Ms. Jones/Mr. Smith or Mr. & Mrs. Smith)

NAME OF ALTERNATE _____ Telephone Number _____
(Daycare or person to contact in case of illness/emergency)

NAME OF 2nd ALTERNATE _____ Telephone Number _____
(Daycare or person to contact in case of illness/emergency)

Native Indian Ancestry yes no Care Card Number _____

PLACE OF BIRTH _____
Province _____ Country _____

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 _____ Telephone Number _____

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

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

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.