## KINDERGARTEN STUDENT REGISTRATION / INFORMATION FORM SCHOOL DISTRICT NO. 43 (COQUITLAM) 2013/2014 SCHOOL YEAR Children who are five years of age on or before December 31, 2008 may enter in September 2013.

	С	hildren who are j	five years of age on or be	efore Decemb		er in Septembe	r 2013.		
			STUDEN	T INFORM	<b>IATION</b>				
LAST NAME	ELegal Surname				Used Surname (if different from Legal)				
GIVEN NAMES	SF	rst, Middle Name			Used First Name (if			from Legal)	
ADDRESS		Street						-	
ADDRESS		Postal Code			City Home Telephone Number				
					-				
DATE OF BIRT	(DD/	/MM/YYYY)	Male L	Female					
Student resides v	with	□ Mother &	Father D Mot	ther C	Father	Guardian			
Proof of residence	cy in BC ve	erified (copied an	d attached): 🗖 yes 🛛	🗖 no					
Court Order in E		□ yes □		Copy of Cou	urt Order Provided to	School	D yes	no no	
Comments re Co	ourt Order		(e.g. Joint guardiar	nship, sole cus	tody, limited access	to child, etc.)			
Nativo Indian Ar	agaster		no Band Na						
			City						
			Ony		110 tillee _				
LANGUAGE SF	POKEN IN	THE HOME					_		
			please indicate entry dat						
Immigration Pap	ers Provid	ed 🛛 yes 🔲	no Proof of	Citizenship fo	or parent & child:	]yes □ n	0		
Other relevant in	formation	that school staff s	should know about my c	hild:					
			STUDENT ME	DICAL IN	FODMATION				
DOCTOR					E NUMBER				
CARE CARD N	UMBER								
MEDICAL ALE	RT: Pleas	e list any serious	difficulties or medical p	problems of yo	ur son\daughter abo	ut which the te	acher should	l know.	
		FAMILY INFORMATION							
MOTHER'S NAI	ME	(Miss/Mrs./Ms			Work Telephone		Cell Phone		
		Home Address	ome Address (if different from above)			Home Telephone			
		E-mail						1	
FATHER'S NAM	ME				ork Telephone		one		
		Home Address (if different from above)					Cell Phone		
Other siblings:		E-mail				Home	Telephone		
Name:			School:		Grade:	Birth	Date:		
Name:			School:		Grade:	Birth	Date:		
			EMERGENCY C						
NAME OF ALT	ERNATE	CONTACT					ber		
NAME OF ALTERNATE CONTACT					-				
NAME OF 2 A		TE CONTACT _			Ie				
			PARENT/GU	ARDIAN S	SIGNATURE				
This is to certify	that my ch	ild			is of school age	and not registe	ered in a prog	gram in another	
-	-	ded independent s	school.		Date				
NOTE: Parents ma	ay defer the	entry of children in	to the program for one year	r from when the	y become eligible to st	art, at which tim	e entry is mar	ndatory.	
				CE USE C					
DATE OF REGISTE MEETS AGE ENTR	RATION: Y REQUIRE	MENTS: YES	TI No	IME OF REG	STRATION:				
The information or			e School Act, Section 13 ar						
be protected under	the Freedor	n of Information an	d Protection of Privacy Act ivacy Coordinator, School	t. Questions ab	out the collection and u				