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

LAST NAME:					
GIVEN NAMES:	Used Surname (if different from Legal)				
<u> </u>	Legal First, Middle Name			Usual First name (if diffe	rent from Legal)
DATE OF BIRTH:		Male □ Fem	nale 🗆 🛛	Birth Certificate Provided	l Yes 🗆 No 🗆
ADDRESS:	(day/month/year)				
Street			City		Postal Code
Home Telephone Number		Email			
PREVIOUS SCHOOL	_/PRESCHOOL				
Student Resides with:	□ Mother & Father	□ Mother	□ Fathe	er 🗆 Guardian	
Proof of residency in BC verified (copied and attached): $\Box$ Yes $\Box$ No					
Court Order in Effect	$\Box$ Yes $\Box$ No Cop	y of Court Order I	Provided to	o School 🗆 Yes 🗆 I	No
Comments re Court Order					
(e.g., Joint guardianship, sole custody, limited access to child, etc.)					
MOTHER'S NAME: (Or Guardian)	(Miss/Mrs./Ms.)		Wor	k Telephone	Cell Phone
Email	Ad	dress (if different from	n abova)	-	Telephone
	AU	dress (il different from	n above)	Home	Telephone
FATHER'S NAME: (Or Guardian)			Wor	k Telephone	Cell Phone
Email	Ad	dress (if different from	n above)	Home	Telephone
ALTERNATE:					
	care or person to contact in case	of illness/emergency	Т	elephone	Cell
2 <sup>nd</sup> ALTERNATE:	Daycare or person to contact in case of	of illness/emergency	T		Cell
First Nations Ancestry	v 🗆 Metis 🗆 Statu	s □ Non-stat	us 🗆 🛛	No	
PLACE OF BIRTH LANGUAGE(S) SPOKEN AT HOME					
	Province / Country				
IF RECENT IMMIGE	RANT TO CANADA, pleas	e indicate entry da	ate into Ca	anada (Year/Month/Day	<i>J</i>
Immigration Papers Pa	rovided 🗆 Yes 🗆 No	Proof of C	Citizenship	o for parent & child $\Box$	
Proof of residency in 1	BC Verified:	□ No			
DOCTOR:		TELE	PHONE:		
	9				
MEDICAL ALERT:	Please list any serious difficulti	es or medical problem	ns of your so	on/daughter about which the tea	cher should know.

The information on this form is collected under the School Act, Section 13 and 97. The information will be used for educational 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