

SCHOOL:

STUDENT INFORMATION

Legal Last Name:	Street # & Name:
Legal First Name:	Apt #: Lot #:
Usual Last Name:	City/Town:
Preferred First Name:	Province: Postal Code:
Middle Name:	MAILING ADDRESS
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Box #
Birthdate (mm-dd-year): Age:	City/Town:
Proof of Age (eg; Birth Certificate)	Province: Postal Code:
Home Phone:	Student Cell Phone:

PREVIOUS SCHOOL INFORMATION

Name:	Grade:
City/Province:	Phone:

KINDERGARTEN REGISTRATION ONLY

Has the student ever attended a StrongStart program? Yes No If Yes, name of StrongStart:

IMMIGRATION STATUS

Country of Birth:	Date of Entry to Canada:
Citizenship:	Visa Expiry Date:
First Language:	Language Spoken at Home:

INDIGENOUS ANCESTRY

Self-Declaring Indigenous: Y N If Yes: Inuit Metis Non-Status Status Off-Reserve Status On Reserve

Band Name:

Living on Reserve: Y N Band of Residence:

Permission to release information to the Band of Residence? Y N

Permission to provide Aboriginal support services to Indigenous student? Y N

PARENT/GUARDIAN

1) Relationship to Student:	2) Relationship to Student:
Last Name:	Last Name:
First Name:	First Name:
Home Phone Number:	Home Phone Number:
Cell Phone Number:	Cell Phone Number:
Work Phone Number:	Work Phone Number:
Parent Email:	Parent Email:
Are you living with Student: <input type="checkbox"/> Y <input type="checkbox"/> N If no above, please indicate your address:	Are you living with Student: <input type="checkbox"/> Y <input type="checkbox"/> N If no above, please indicate your address:
Are you an Emergency Contact: <input type="checkbox"/> Y <input type="checkbox"/> N	Are you an Emergency Contact: <input type="checkbox"/> Y <input type="checkbox"/> N

LEGAL CUSTODY (Please indicate if there are any legal custody issues for this student) Y N

Custody: (eg; Sole, Joint)	Custody: (eg; Sole, Joint)
Court Access to Child: <input type="checkbox"/> Y <input type="checkbox"/> N	Court Access to Child: <input type="checkbox"/> Y <input type="checkbox"/> N

PLEASE NOTE: In the case of custody issues, please ensure that your school Principal is made aware of custody and access information relevant to your child and that legal documentation is provided (if applicable). These issues may be discussed with the Principal at any time and will be kept confidential within the school.

ADDITIONAL EMERGENCY CONTACTS (Other than Parent/Guardian)	
1) Last Name:	2) Last Name:
First Name:	First Name:
Relationship:	Relationship:
Address:	Address:
Cell Phone:	Cell Phone:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Permission to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Permission to pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION		
Doctors Name:	Phone:	Care Card #:
a) Life-Threatening Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:		
b) Medical Conditions: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

SIBLINGS	
1) Last Name:	2) Last Name:
First Name:	First Name:
Relationship:	Relationship:
School:	School:
3) Last Name:	4) Last Name:
First Name:	First Name:
Relationship:	Relationship:
School:	School:

TRANSPORTATION
Is bus transportation required for this student, if applicable: <input type="checkbox"/> Y <input type="checkbox"/> N

ADDITIONAL INFORMATION

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes and, when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the School Administrator.

Parent/Guardian Signature

Date