



For Office Use:	Registration Date: _____
School: _____	
Pupil Number: _____	Medical Alert <input type="checkbox"/> Legal Alert <input type="checkbox"/>
Year of Graduation: _____	Proof of Residency: <input type="checkbox"/>
Cross Catchment Transfer: <input type="checkbox"/>	

Student Information – Please Print

Legal Name: _____
Last Name
First Name
Middle Name

Usual Name (if different than above): _____

Legal Gender: _____ Gender Identity: _____ Date of Birth: _____

Grade: _____ Birth Certificate Attached: _____ Home Phone: _____

Catchment School Already Registered At: _____

Previously registered in the StrongStart Program: _____ Centre Registered at: _____

Student's Street Address: _____

City: _____ Postal Code: _____

Mailing Address (if different than above): _____

City: _____ Postal Code: _____

Siblings registered at same school: _____

Age(s) of preschool child(ren): _____

Canadian Indigenous Ancestry: _____ Band of Origin: _____ Band of Residence: _____

Country of Birth: _____ Country of Citizenship: _____ Citizenship Code: _____

Court Order in Effect? _____ **Custodial Agreement Attached:** Yes No **Who has custody?** _____

Custody arrangement? _____

Parent(s)/Guardian(s) who reside at the student's address provided above. In order of whom to contact if child is sick:

Name: _____ Relationship: _____
Last Name
First Name

Home Phone: _____ Work Phone: _____ Work Extension: _____

Cell Phone: _____ Email: _____

Name: _____ Relationship: _____
Last Name
First Name

Work Phone: _____ Work Extension: _____

Cell Phone: _____ Email: _____

Parent(s)/Guardian(s) who reside at another address:

Name: _____ Relationship: _____
Last Name
First Name

Address: _____

City: _____ Postal Code: _____ Home Phone: _____

Work Phone: _____ Work Extension: _____

Cell Phone: _____ Email: _____

Name: _____ Relationship: _____
Last Name
First Name

Work Phone: _____ Work Extension: _____

Cell Phone: _____ Email: _____

Emergency Information – Please Print

Name and number of relatives or friends to contact in case of an emergency:

Name: _____	Relationship: _____	Can pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: _____	Cell Phone: _____	
Name: _____	Relationship: _____	Can pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: _____	Cell Phone: _____	
Name: _____	Relationship: _____	Can pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: _____	Cell Phone: _____	
Name: _____	Relationship: _____	Can pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone: _____	Cell Phone: _____	

Alternate CaregiversPermission to contact alternate caregiver:

Preschool/Daycare/After School Care: _____

Phone: _____

Health Information:

Personal Health Number: _____

Heart Problems Diabetes Epilepsy Physical Disabilities Hearing Vision Allergies Allergies to: _____ Other: _____Anaphylaxis and/or history of severe allergic response Blood clotting disorders such as hemophilia that requires immediate medical care Severe Asthma – immediate medical treatment required

This child is currently on regular medication for: _____

Medication names: _____

Other relevant information: _____

Special Assistance Has this child received any of the following special services?IEP

Category: _____

Learning Assistance English Language Learner Speech Therapy Physiotherapy Gifted

Other: _____

Language(s) spoken at home: _____

Previous SchoolPublic School Private School

Name and location of your previous school: _____

For Office Use:Bus Student: Yes No

Bus #: _____

Assigned to: _____

Div. #: _____

Rm #: _____

Teacher: _____

First time Entry: Yes No

If no, previous school contacted: _____

Student picked up: YesDemographics updated: Yes

Reminder: families must register at their catchment school before submitting an expression of interest for the Kwakwala/Likwala kindergarten program.

I confirm that the information given on this form is true, complete and accurate.

To submit your expression of interest, save a copy of your completed form and email it to student.registration@sd72.bc.ca