

Emergency Contact (other than parent) 1

Emergency Contact (or daycare) 2

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|--------------------------|--------------------------|
| Name: | Name: |
| Relationship to student: | Relationship to student: |
| Home Phone #: | Home Phone #: |
| Mobile Phone #: | Mobile Phone #: |

Student Medical Health Information

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|---|---------------|
| Doctor name: | Dentist name: |
| Phone #: | Phone #: |
| Student's CareCard Number: | |
| Medical Alert: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: | |
| Please list any health concerns, e.g., vision, hearing, allergies, chronic illness, etc.: | |
| | |

Sibling Information

| | | |
|------------------|-------------------------|---------|
| First/last name: | Birthdate (mm/dd/yyyy): | School: |
| First/last name: | Birthdate (mm/dd/yyyy): | School: |
| First/last name: | Birthdate (mm/dd/yyyy): | School: |
| First/last name: | Birthdate (mm/dd/yyyy): | School: |

| | |
|--|---|
| Name and Address of Previous School: | |
| Copy of last report card: <input type="checkbox"/> Yes <input type="checkbox"/> No | Copy of transfer from previous school: <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 program 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 the form will be protected in accordance with the provisions of 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 Administration.

I certify that all information in this registration form is true and complete. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to this information. Please sign upon presentation of this form at your school.

Signature of Parent/Guardian: _____ Date: _____

SWIS WORKER PERMISSION (for Newcomer/Immigrant/Permanent Resident/Convention Refugee Families)

The Settlement Workers in Schools (SWIS) program assists newcomer, immigrant, permanent resident (PR) and convention refugee students and their families to adapt to life in Canada. They can give information on education, activities for youth, childcare, family programs, legal information and much more. By signing below, you give permission to the Welcome Centre and/or school secretary to share your first name and phone number with a SWIS Worker so that they may contact you to welcome you to New Westminister and provide any assistance you may require.

Signature of Parent/Guardian: _____ Date: _____

Office Use Only

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|--------------|--------|-----------|----------|
| Assigned to: | Grade: | Division: | Teacher: |
|--------------|--------|-----------|----------|