

# New Westminster Schools StrongStart Registration Form

Date of Application: \_\_\_\_\_

StrongStart Centre:      Connaught Heights      Queen Elizabeth      Skwo:wech

**Complete this form and bring it to your StrongStart Centre.**

**Please also provide ONE of the appropriate documents listed below:**

Canadian Birth Certificate or Passport  
Indigenous Documentation or Card  
Canadian Citizenship Card or Certificate  
Immigration Canada Document  
Permanent Resident Card (front and back)

**OR** Birth Certificate with certified translation in English (if needed) **AND ONE** of the following applicable guardian/parent documents:

Canadian Passport  
Permanent Residence Card or Form  
Canadian Citizenship Card  
Parent Work or Study Permit  
Refugee Claimant Document

## STUDENT INFORMATION

Birthdate: (MM/DD/YYYY): \_\_\_\_\_ Assigned Sex at Birth:      Male      Female  
Legal Last Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_  
Legal First Name: \_\_\_\_\_ Usual Called Name: \_\_\_\_\_

## STUDENT ADDRESS INFORMATION

Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_

## STUDENT CITIZENSHIP INFORMATION

Country/Province of Birth: \_\_\_\_\_ First Language: \_\_\_\_\_  
Citizen of: \_\_\_\_\_ Language at Home: \_\_\_\_\_  
Indigenous Ancestry?      Yes      No      Language most used: \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

Medical Service Plan (CareCard) #: \_\_\_\_\_  
Allergies or Other Health Conditions: \_\_\_\_\_  
Are these conditions life threatening?      Yes      No

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## 1. PARENT / GUARDIAN INFORMATION

Relation to Student (Check one):    Mother    Father    Parent    Other (*please specify*) \_\_\_\_\_  
Living with Student?    Yes    No                      Emergency Contact?    Yes    No  
Last Name: \_\_\_\_\_                      First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_                      Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_                      E-mail: \_\_\_\_\_  
Same as Student's Address?    Yes    No – If not, provide address: \_\_\_\_\_  
Legal Guardian?    Yes    No

## 2. PARENT / GUARDIAN INFORMATION

Relation to Student (Check one):    Mother    Father    Parent    Other (*please specify*) \_\_\_\_\_  
Living with Student?    Yes    No                      Emergency Contact?    Yes    No  
Last Name: \_\_\_\_\_                      First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_                      Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_                      E-mail: \_\_\_\_\_  
Same as Student's Address?    Yes    No – If not, provide address: \_\_\_\_\_  
Legal Guardian?    Yes    No

## CAREGIVER / EMERGENCY CONTACT INFORMATION

Relation to Student: \_\_\_\_\_  
Last Name: \_\_\_\_\_                      First Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_                      Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

## SIBLING INFORMATION

Sibling 1: \_\_\_\_\_                      DOB (MM/DD/YYYY): \_\_\_\_\_                      School: \_\_\_\_\_  
Sibling 2: \_\_\_\_\_                      DOB (MM/DD/YYYY): \_\_\_\_\_                      School: \_\_\_\_\_  
Sibling 3: \_\_\_\_\_                      DOB (MM/DD/YYYY): \_\_\_\_\_                      School: \_\_\_\_\_

### PROTECTION OF PRIVACY

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 your School Administrator.

**I certify that the above information is correct and valid as of this date. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to the above information.**

Parent / Guardian Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

# New Westminster Schools StrongStart Registration Form

## 2023- 2024 School Year

Dear Parents,

Each year we ask parent(s) / guardian(s) to complete several consent forms required to ensure a successful start to the school year. Please review the information below and respond as indicated. We thank you for taking the time to do this and we look forward to the year ahead.

### **SCHOOL AND DISTRICT MEDIA, PHOTO, VIDEO RELEASE**

School and district staff take pictures and/or videos of student activities and events which are sometimes shared to celebrate student achievement, build school culture, or inform the community about programs and activities. These photos and/or videos may be used in digital media, paper and electronic communications such as school newsletters and district brochures. Photos and videos may also be shared on the school or school district website and/or social media sites (e.g. Facebook, Twitter, Instagram) to celebrate student success.

School and District Media, Photo, Video Release Permission\*

YES - I, as the parent or legal guardian of this student, hereby acknowledge that I have read, understood, and agree to the above and GIVE MY CONSENT to the collection, use, exchange, and disclosure of my child's image and/or name for the above purposes for this school year. I understand the images and information posted on the internet may be stored outside Canada. You may withdraw your consent at any time in writing, but a withdrawal of consent does not obligate the school or district to withdraw previously published material.

NO - I, as the parent or legal guardian of this student, DO NOT CONSENT to the collection, use, exchange, and disclosure of my child's image and/or name for the above purposes for this school year.

Parent/ Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_