

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

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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: _____