

# New Westminster Schools Registration Form

## Office Use Only

Date of Registration (mm/dd/yyyy):	/	/	Current Grade:
Time of Registration (am/pm):	Catchment School:		

## Student Information

Legal Last Name:	Address:
Legal First Name:	City:
Legal Middle Name:	Province: Postal Code:
Usual Name:	Home Phone #:
Birthdate (mm/dd/yyyy):	Mobile Phone #:
Birth Gender: F <input type="checkbox"/> M <input type="checkbox"/>	Legal Alert: <input type="checkbox"/> Child in Care of the Ministry: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>
First Language:	Student Attended a StrongStart Centre: Y <input type="checkbox"/> N <input type="checkbox"/>
Language at Home:	English Language Learner (ELL) : Yes <input type="checkbox"/> No <input type="checkbox"/>
Country/Province of Birth:	Citizen of:
Special Education Designation: Yes <input type="checkbox"/> No <input type="checkbox"/> Category if Known: _____ IEP: Yes <input type="checkbox"/> No <input type="checkbox"/>	Indigenous Ancestry: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Status <input type="checkbox"/> Non-Status <input type="checkbox"/> Other _____

## Parent/Guardian Information

Name:	Name:
Relationship to Student:	Relationship to Student:
Living with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>	Living with Student: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address (if different from above):	Address (if different from above):
Email:	Email:
Home Phone #:	Home Phone #:
Mobile Phone #:	Mobile Phone #:
Work Phone #:	Work Phone #:
Funding Category: For Office use only <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Resident/Landed Immigrant <input type="checkbox"/> International Funding Eligible	<input type="checkbox"/> International Funding Not Eligible <input type="checkbox"/> Out of Province CAD Funding Not Eligible <input type="checkbox"/> Refugee – Convention or Claimant (Circle)

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## Emergency Contact 1 (other than parent)

Name:
Relationship to Student:
Home Phone #:
Mobile Phone #:

## Emergency Contact 2 (or daycare)

Name:
Relationship to Student:
Home Phone #:
Mobile Phone #:

## Student Medical Health Information

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

## Sibling Information

First/Last Name:	DOB (mm/dd/yyyy):	School:
First/Last Name:	DOB (mm/dd/yyyy):	School:
First/Last Name:	DOB (mm/dd/yyyy):	School:
First/Last Name:	DOB (mm/dd/yyyy):	School:
Name and City of Previous School:		Copy of last report card: Yes <input type="checkbox"/> No <input type="checkbox"/>

*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 the 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.

**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 give information on education, activities for youth, childcare, family programs, legal information and more. By signing below, you give permission to the Welcome Centre and/or school secretary to share your name and phone number with a SWIS Worker so that they may contact you to welcome you to New Westminster and provide any assistance you may require:

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

## Office Use Only:

**Assigned to: Grade:** \_\_\_\_\_ **Division:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_