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 ☐ M ☐	Legal Alert: ☐ Child in Care of the Ministry: ☐ Not Applicable: ☐
First Language:	Student Attended a StrongStart Centre: Y ☐ N ☐
Language at Home:	English Language Learner (ELL) : Yes ☐ No ☐
Country/Province of Birth:	Citizen of:
Inclusive Education Designation: Yes ☐ No ☐ Category if Known: _____ IEP: Yes ☐ No ☐	Indigenous Ancestry: Yes ☐ No ☐ If yes: Metis ☐ Inuit ☐ Status ☐ Non-Status ☐ Other _____

Parent/Guardian Information

Name:	Name:
Relationship to Student:	Relationship to Student:
Living with Student: Yes ☐ No ☐	Living with Student: Yes ☐ No ☐
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 __ Canadian Citizen __ Permanent Resident/Landed Immigrant __ International Funding Eligible	__ International Funding Not Eligible __ Out of Province CAD Funding Not Eligible __ Refugee – Convention or Claimant (Circle)

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Emergency Contact 1 (other than parent)	Emergency Contact 2 (or daycare)
Name:	Name:
Relationship to Student:	Relationship to Student:
Home Phone #:	Home Phone #:
Mobile 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 ☐ No ☐ 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 ☐ 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 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 proved any assistance you may require:

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

Office Use Only:

Assigned to: Grade: **Division:** **Teacher:**

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