



# SCHOOL DISTRICT NO. 40 (NEW WESTMINSTER) STUDENT REGISTRATION FORM (Part 1)

Location: **Homelearners @ Hume Park**

**FOR OFFICE USE ONLY:**

Date of Registration (YY/MM/DD): 20\_\_\_/\_\_\_/\_\_\_ Out of Catchment  \_\_\_\_\_ Out of District   
(Preferred School)

Time of Registration: \_\_\_\_\_ am /pm Date Student Appeared (YY/MM/DD): 20\_\_\_/\_\_\_/\_\_\_ PEN \_\_\_\_\_

Student: \_\_\_\_\_  M  F  
(Last name) (First Name) (Middle Name)

Birthdate (YY/MM/DD): \_\_\_/\_\_\_/\_\_\_ Birthplace:  Canada: \_\_\_\_\_ Other: \_\_\_\_\_

Primary Language Spoken in the Home: \_\_\_\_\_ First Nations Ancestry:  Yes  No  Status  Non-Status  Métis

ESL \_\_\_\_\_ If not a Canadian Citizen, student's status:  Permanent Resident  Study Permit  Work Permit  Refugee

Student's Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_ Student's CareCard Number: \_\_\_\_\_

Copy of student's immunization record attached?  Yes  No Medical Alert:  No  Yes Specify: \_\_\_\_\_

Please list any health concerns, e.g., vision, hearing, allergies, chronic illness, etc.: \_\_\_\_\_

RESIDENCE: Parents:  Same  Separate Student:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Legal Alert:  Yes  No Court Order:  Yes  No

Other special considerations or comments: \_\_\_\_\_

<b>Parent/Guardian</b> email _____ Relationship to student: _____ Name: _____ Address: _____ Home Tel: ( ) _____ Cell: ( ) _____ Employer: _____ Work Telephone: ( ) _____	<b>Parent/Guardian</b> email _____ Relationship to student: _____ Name: _____ Address: _____ Home Tel: ( ) _____ Cell: ( ) _____ Employer: _____ Work Telephone: ( ) _____
<b>Emergency Contact 1</b> Relationship to student: _____ Name: _____ Telephone: ( ) _____ Cell: ( ) _____	<b>Emergency Contact 2</b> Relationship to student: _____ Name: _____ Telephone: ( ) _____ Cell: ( ) _____
<b>Daycare</b> Relationship to student: _____ Name: _____ Telephone: ( ) _____ Cell: ( ) _____	<b>Family Doctor:</b> _____ Telephone: ( ) _____
<b>Brothers:</b> _____ Date of Birth: _____ _____ _____	<b>Sisters:</b> _____ Date of Birth: _____ _____ _____

**Previous School**

Name and Address of Previous School: \_\_\_\_\_

For Kindergarten Students: Has your child participated in Strong Start?  Yes  No Regular Child Care?  Yes  No

Copy of last report card?  Yes  No Copy of transfer from previous school?  Yes  No

Special Education Designation:  Yes  No Category (if known) \_\_\_\_\_ I.E.P.:  Yes  No

I certify that all student information in this registration 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: \_\_\_\_\_

Assigned to: Primary: \_\_\_\_\_ Intermediate: \_\_\_\_\_ Division: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Student Registration Form Received by: \_\_\_\_\_ Date: \_\_\_\_\_