

FOR OFFICE USE ONLY					
Birth Certificate	<input type="checkbox"/>	Address	<input type="checkbox"/>	Care Card	<input type="checkbox"/>
Parent Information:	<input type="checkbox"/>	Citizenship	<input type="checkbox"/>	Guardianship	<input type="checkbox"/>
News Media:	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		
School District Websites:	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		



2011 – 2012 STRONGSTART REGISTRATION FORM

StrongStart School Location: _____

A. STUDENT RECORDS

Last Name _____

Given Names _____

Called Name _____

Sex of child (M/F) _____ Birthdate (eg 28-APR-2006) DD _____ MMM _____ YYYY _____

Street Address _____ Apt/Unit# _____

City _____ Postal Code _____

Phone # _____ "U" if Unlisted _____

Mother's Name _____

Father's Name _____

Child Living With Mother Father Both

Other (or state custody status) _____

Have you previously provided registration documentation for your child to attend the StrongStart program?ie:(child's birth certificate, proof of address)
 Y N Strongstart Location: _____

OFFICE USE ONLY
STUDENT ID#: _____
ADM DATE: _____
PEN #: _____

Care Card No. _____

Allergies _____

Life Threatening? (explain severity) _____

Medications _____

B. EMERGENCY CONTACTS

Mother's Cell _____

Father's Cell _____

Emergency Contact Full Name _____

Relationship _____

Phone _____

Other Full Name _____

Relationship _____

Phone _____

C. MINISTRY REQUIRED INFORMATION – (1701) (By authority of School Act Sections 99 and 182)

1 Legal Names (If Different Than In Section 'A' Above)

Legal Last Name _____ Legal First Name _____ Legal Middle Name _____

2 Aboriginal Ancestry (Status, Non-Status, Métis, Inuit, First Nations) (Y=Yes/N=No) _____

3 Primary Language Spoken In Home _____ Second Language _____

4 Country of Birth _____ Province (If Canada) _____

Note: It is the responsibility of parents/guardians to inform the school of any changes in information or of circumstances that may seriously affect your child's health or education.

I HEREBY VERIFY THE ABOVE TO BE CORRECT _____ Date _____

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting: demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.