

STRONGSTART PROGRAM

Student Registration Form

School District No. 71 (Comox Valley)

Today's Date: _____ (Admission Date)

STUDENT INFORMATION

Legal Name: _____
Last First Middle Usual Name if different

Address: _____
Street City Postal Code

Date of Birth: _____ Place of Birth: _____
(DD-MMM-YYYY) City Country

Gender: M F Birth Certificate/Passport provided: Y N Last School Attended: _____
School Name City

First Language Spoken: _____ Language Most Used: _____

ABORIGINAL ANCESTRY: Yes* No (*Ancestry is self-declared, documentation not required)

STATUS: On Reserve Off Reserve (Band Name: _____) Metis Inuit Non-Status (Not registered with a band)

PARENT/GUARDIAN INFORMATION:

Parent #1 Name: _____ Relationship: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Parent #2 Name: _____ Relationship: _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

SIBLINGS INFORMATION:

Legal Name: _____ Usual Name: _____ DOB: _____ School: _____

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EMERGENCY CONTACT INFORMATION: In an emergency (earthquake, illness or accident, impassable bridges), the school requires the name and phone number of at least two contacts that your child may be released to when the guardian is not available. List in order they are to be called.

Name: _____ Home: _____ Work: _____

Cell: _____ Relationship: _____

Name: _____ Home: _____ Work: _____

Cell: _____ Relationship: _____

Name: _____ Home: _____ Work: _____

Cell: _____ Relationship: _____

MEDICAL INFORMATION:

Care Card No.: _____

Medical Alerts: (allergies, conditions, etc.) _____

Life Threatening _____

Where did you hear about StrongStart? _____

Parent Signature

OFFICE USE ONLY

StrongStart Facilitator: _____ Copy of Address Document

Student No _____

Registration Date _____ (First Day of Attendance)