



**STUDENT REGISTRATION FORM (KINDERGARTEN)
2019 – 2020**

Student Information

Legal Name: _____
First Name Middle Name Last Name

Gender: Male Female Date of Birth: ____/____/____ Grade in Sept. 2019: ____
DD MM YY

Place of Birth: _____ Arrival in Canada (if country of birth is not Canada) ____/____/____
DD MM YY

Canadian Status: _____

Mother Tongue: _____ Language spoken at Home: _____

Does your child speak English? Yes No Is your child Potty Trained? Yes No

Health Card Number: _____ Expiry Date: ____/____/____
DD MM YY

Parent/Legal Guardian Information

Father's Name: _____ Cell: _____ Office: _____

Mother's Name: _____ Cell: _____ Office: _____

Marital Status: Married Divorced Separated Widowed Single

Child lives with: Both parents Father Mother Legal guardian

**Please provide the office with a copy of relevant legal documents (i.e. custody papers)*

Legal Guardian Name: _____ Phone: _____

Home Address _____
Apt. # Street No. and Name City Postal Code

Home Phone: _____ Email: _____

Previous School Information (if applicable)

Previous School Attended: _____ Phone Number: _____

Address: _____
Street No. and Name City Province Country

Last Date attended: ____/____/____
DD MM YY

Emergency Contact Information (Different than parents/guardian)

Contact 1

Name: _____
Last Name First Name Relationship to student

Home Phone Number: _____ Cell Phone Number: _____

Contact 2

Name: _____
Last Name First Name Relationship to student

Home Phone Number: _____ Cell Phone Number: _____

Signature of Parent/Guardian Parent/Guardian Name Date (YY/MM/DD)

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR REGISTRATION

	Proof of birth (birth certificate / passport / landing documents / citizenship card)
	Updated immunization record and copy of valid health card
	Two recent passport size photo
	One or more Interim report cards <i>if applicable</i>
	VOID Cheque
	Developmental History Form

Start Date: ____/____/____
YY MM DD

