

StrongStart BC Program Student Registration Form

Please submit this to the facilitator at your StrongStart Centre

Location: <input type="radio"/> Boundary <input type="radio"/> Eastview <input type="radio"/> Lynnmour <input type="radio"/> Montroyal <input type="radio"/> Norgate <input type="radio"/> Seymour Heights <input type="radio"/> Westview	
Previously enrolled in StrongStart: <input type="checkbox"/> Yes <input type="checkbox"/> No	School District: _____
STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
LEGAL Last Name: _____	Lives with: <input type="radio"/> Both Parents <input type="radio"/> Mother only <input type="radio"/> Father only <input type="radio"/> Legal Guardian <input type="radio"/> Other <input type="radio"/> Custody Order (on file)
LEGAL First Name: _____	Relationship to Student: _____
LEGAL Middle Name: _____	LEGAL Name (Last, First): _____
USUAL Last Name (if different): _____	Address (if different from student): _____
Preferred First Name (if different): _____	Home Phone: _____ Business Phone: _____
Preferred Middle Name (if different): _____	Email address: _____ Cell Phone: _____
Birthdate (01JAN2000): _____ Gender: <input type="radio"/> Male <input type="radio"/> Female	Relationship to Student: _____
Student's Address: _____ Postal Code: _____	LEGAL Name (Last, First): _____
Country of Birth: _____ Citizen of: _____	Address (if different from student): _____
Language spoken at home: _____	Home Phone: _____ Business Phone: _____
<input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident	Father's email address (if different): _____ Cell Phone: _____
<input type="radio"/> Work Permit (min 1 year) <input type="radio"/> Minister (Religious) Permit	Sibling: <input type="checkbox"/> Yes Name: _____
<input type="radio"/> Refugee <input type="radio"/> Exchange Student	Sibling's current School/Program: _____ Sibling's grade: _____
<input type="radio"/> Study Permit (min 2 yr in recognized program)	Alternate Contact 1 (if parents cannot be reached)
Aboriginal Ancestry: <input type="radio"/> Yes <input type="radio"/> No	Last Name/First Name: _____
Lives on Reserve: <input type="checkbox"/> Yes Band of Res. _____	Relationship to Child: _____ Daytime Phone: _____
Medical Alerts <input type="checkbox"/> Anaphylaxis (Extreme Allergic Reaction) <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Severe Asthma <input type="checkbox"/> Blood Clotting Disorder <input type="checkbox"/> Serious Heart Condition <input type="checkbox"/> Special Needs (with potentially life threatening condition)	Alternate Contact 2 (if parents cannot be reached)
	Last Name/First Name: _____
	Relationship to Child: _____ Daytime Phone: _____
	Doctor's Name: _____
FOR INTERNAL USE ONLY	
Received by (print name): _____	
at: _____	
Date: _____ Placement: _____	
ESL Student <input type="checkbox"/> Yes <input type="checkbox"/> No ESL Level (1-5): _____ ESL Years (1-5): _____	
Parent/Legal Guardian Signature: _____ Date Signed: _____	

I declare that all of the information I have provided in this application and in any other documentation which accompanies this application is complete and true in every respect. Further more, I understand that, if there is any failure to respond completely and truthfully, or any deliberate misrepresentation of information provided by me that upon discovery by the Board of any such falsehoods, this will constitute sufficient grounds for the Board to reassess the application and to revoke the current placement of my child. It is my expectation that my child will be living at the residence stated in this application for the duration of the school year. Should this not be the case and depending on the capacity of the receiving school, I understand that my child may be withdrawn and transferred to a North Vancouver School District school that has space to receive my child.