

StrongStart BC Program Student Registration Form

Please submit this form to a facilitator at one of our StrongStart Centres. If your child is new to StrongStart, please submit the registration form together with your child's birth certificate or passport, and proof of residency: rental agreement and/or utilities bill. Please note: If your child has attended StrongStart previously in the NVSD, the re-registration form only is required.

Please select a preferred location:

Preferred Location: Boundary Eastview Lynnmour Montroyal Norgate Seymour Heights Westview

Previously enrolled in StrongStart: Yes No School District: _____

STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
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LEGAL Last Name: _____

LEGAL First Name: _____

LEGAL Middle Name: _____

USUAL Last Name (if different): _____

Preferred First Name (if different): _____

Preferred Middle Name (if different): _____

Birthdate (01JAN2000): _____ Gender: _____

Student's Address: _____

Postal Code: _____

Country of Birth: _____ Citizen of: _____

Language spoken at home: _____

Lives with: Both Parents Mother only Father only
 Legal Guardian Other Custody Order (on file)

Relationship to Student: _____

LEGAL Name (Last, First): _____

Address (if different from student): _____

Home Phone: _____ Business Phone: _____

Email address: _____ Cell Phone: _____

Canadian Citizen Permanent Resident

Work Permit (min 1 year) Minister (Religious) Permit

Refugee Exchange Student

Study Permit (min 2 yr in recognized program)

Relationship to Student: _____

LEGAL Name (Last, First): _____

Address (if different from student): _____

Home Phone: _____ Business Phone: _____

Father's email address (if different): _____ Cell Phone: _____

Indigenous Ancestry: Yes No

Lives on Reserve: Yes Band of Res. _____

Sibling: Yes Name: _____

Sibling's current School/Program: _____

Sibling's grade: _____

Medical Alerts Anaphylaxis (Extreme Allergic Reaction)

Diabetes Seizure Disorder Severe Asthma

Blood Clotting Disorder Serious Heart Condition

Special Needs (with potentially life threatening condition)

Alternate Contact 1 (if parents cannot be reached)

Last Name/First Name: _____

Relationship to Child: _____ Daytime Phone: _____

Special Learning Considerations

AbEd ELL LAC SPED (Ministry Category) _____

Alternate Contact 2 (if parents cannot be reached)

Last Name/First Name: _____

Relationship to Child: _____ Daytime Phone: _____

Doctor's Name: _____

Doctor's Phone: _____ BC Care Card #: _____

APPLICANT'S DECLARATION AND AGREEMENT

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.

Parent/Legal Guardian Signature: _____	Date Signed: _____
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FOR INTERNAL USE ONLY

Received by (print name): _____ at: _____ Date: _____ Placement: _____

ELL Student: Yes No ESL Level (1-5): _____ ESL Years (1-5): _____

The North Vancouver School District has the legal authority to collect personal information that relates directly to its operating programs, activities or as otherwise authorized by statute. Personal information will be used for the purpose for which it was collected or for a use consistent with that purpose.