

Ph: 604-903-3368 Fax: 604-903-3369 registration@sd44.ca

StrongStart BC Program Student Re-Registration Form

| Location: OBoundary | ○ Eastview | ○ Lynnmour | ○ Montroyal |
|---|-------------------|-----------------------|---|
| ○ Norgate | ○ Seymour Heights | ○ Westview | |
| | | | |
| LEGAL Last Name: | | | |
| | | (Please print clearl | у) |
| LEGAL First Name: | | | |
| _ | | (Please print clearl | y) |
| Birthdate (DD/MMM/YYYY): | | Ge | ender: |
| I give permission for N registration informatior | | ol District Central F | Registration to retrieve my StrongStart |
| Parent/Legal Guardiar | n Signature: | | |
| Date Signed: | | | |

31-Aug-2021 2180-99-02 Page 1 of 1