

StrongStart Centre: _____

Have you registered at a StrongStart program previously? No Yes, please specify _____

STUDENT INFORMATION

Legal first name	_____	Legal middle name	_____
Legal last name	_____	Usual name	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home phone	_____
Date of birth	M _____ D _____ Y _____	Home language	_____
Medical condition	_____	Allergies	_____
		Life threatening?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Do they have a sibling also attending public school or StrongStart in BC? No Yes, please fill the form below

Home Phone	_____	Legal first name	_____
Legal last name	_____	Date of birth	M _____ D _____ Y _____
Address	_____	Relationship to student	<input type="checkbox"/> Brother <input type="checkbox"/> Sister

ADDRESS

Apt/Unit # _____ Street/House # _____ Street name _____
 City _____ Prov _____ Postal code _____

EMERGENCY CONTACTS - Parent(s), legal guardian(s), caregiver(s)...

First name	_____	Work phone	_____
Last name	_____	Relationship to student	_____
Home phone	_____	Living with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell phone	_____	Email address	_____
First name	_____	Work phone	_____
Last name	_____	Relationship to student	_____
Home phone	_____	Living with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell phone	_____	Email address	_____
First name	_____	Work phone	_____
Last name	_____	Relationship to student	_____
Home phone	_____	Living with student	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cell phone	_____	Email address	_____

PROTECTION OF PRIVACY

The information on this form is collected under the School Act, Section 13 and 97. The information will be used for educational programs purposes and when required, may be provided to health services, social services or other support services as outlined in Section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or the Information and Privacy Coordinator, School District No. 41.

Parent/Guardian/Caregiver signature _____ Date _____

*** Please see reverse regarding registration documentation ***

