

StrongStart BC Program Student Registration Form

Contacts:

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Please submit this to the facilitator at your Strong Start Centre

Location: <input type="radio"/> Eagle Harbour Montessori <input type="radio"/> Hollyburn Elementary <input type="radio"/> Chartwell Elementary		
Previously enrolled in Strong Start: <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes", Where: _____
STUDENT INFORMATION		PARENT/GUARDIAN INFORMATION
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: <input type="radio"/> Male <input type="radio"/> Female Student's Address: _____ _____ Postal Code: _____ Country of Birth: _____ Citizen of: _____ Language spoken at home: _____		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) Mother/Guardian Last Name: _____ Mother/Guardian First Name: _____ Mother's Address (if different from student): _____ _____ Home Phone: _____ Business Phone: _____ Mother's email address: _____ Cell Phone: _____ _____
<input type="radio"/> Canadian Citizen <input type="radio"/> Permanent Resident <input type="radio"/> Work Permit (min 1 year) <input type="radio"/> Minister (Religious) Permit <input type="radio"/> Refugee <input type="radio"/> Exchange Student <input type="radio"/> Study Permit (min 2 yr in recognized program)		Father/Guardian Last Name: _____ Father/Guardian First Name: _____ Father's Address (if different from student): _____ _____ Home Phone: _____ Business Phone: _____ Father's email address (if different): _____ Cell Phone: _____ _____
Aboriginal Ancestry: <input type="radio"/> Yes <input type="radio"/> No Lives on Reserve: <input type="checkbox"/> Yes Band of Res. _____		Sibling: <input type="checkbox"/> Yes Name: _____ Sibling's current School/Program: _____ Sibling's grade: _____
APPLICANT'S DECLARATION AND AGREEMENT		FOR INTERNAL USE ONLY
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.		Alternate Contact 1 (if parents cannot be reached) Last Name/First Name: _____ Relationship to Child: _____ Daytime Phone: _____ 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 #: _____
<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)		Received by (print name): _____ at: _____ Date: _____ Placement: _____
Special Learning Considerations <input type="checkbox"/> AdEd <input type="checkbox"/> ELL <input type="checkbox"/> LAC <input type="checkbox"/> SPED (Ministry Category) _____		ELL Student <input type="checkbox"/> Yes <input type="checkbox"/> No ELL Level (1-5): _____ ELL Years (1-5): _____
Parent/Legal Guardian Signature: _____		Date Signed: _____