

NORTHWEST SCHOOL DIVISION NO. 203  
KINDERGARTEN REGISTRATION FORM

Please return this form to the appropriate school



Date: \_\_\_\_\_, 20\_\_

Children must be 5 for kindergarten and 6 for grade one on or before December 31 of the current year. Proof of age is required (i.e. Birth Certificate).

Please indicate if you are registering: E.E. \_\_\_\_ Kindergarten \_\_\_\_ Grade One (only if did not go to Kindergarten) \_\_\_\_

If requesting French Immersion (offered at Lakeview Elementary) please check \_\_\_\_\_

Child's Name \_\_\_\_\_ (M or F)  
(Family name) (First Name) (Middle Name)

Residence or Box No.: \_\_\_\_\_  
No. Street or Avenue Town Postal Code

Tel No: \_\_\_\_\_ Cel No. \_\_\_\_\_ Treaty No. (if applicable): \_\_\_\_\_

Birthdate (Certificate): \_\_\_\_\_ Age Verified by \_\_\_\_\_ Hospitalization Card \_\_\_\_\_  
Month Day Year

Bus Route: \_\_\_\_\_ Land Description: \_\_\_\_\_ New Stop: \_\_Yes\_\_ No

Father's/Guardian's Name: \_\_\_\_\_

Father's/Guardian's Employer: \_\_\_\_\_ Phone No. at Work \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Mother's/Guardian's Employer: \_\_\_\_\_ Phone No. at Work \_\_\_\_\_

Child lives with: Both Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Guardian(s) \_\_\_\_

Brothers: Number Older: \_\_\_\_\_ Number Younger: \_\_\_\_\_  
Schools: \_\_\_\_\_ Schools: \_\_\_\_\_

Sisters: Number Older: \_\_\_\_\_ Number Younger: \_\_\_\_\_  
Schools: \_\_\_\_\_ Schools: \_\_\_\_\_

Languages spoken in the home other than English: \_\_\_\_\_

Billet (In town in case buses cannot run): \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Residence (in case parent/guardian cannot be contacted): \_\_\_\_\_

\_\_\_\_\_  
Name Address Phone No.

Has your child been receiving special services such as:

- \_\_\_\_ Speech/Language Pathologist
- \_\_\_\_ Physio Therapist
- \_\_\_\_ Occupational Therapist
- \_\_\_\_ Kinsmen Children Centre

Health Problems / Acute Needs (please list): \_\_\_\_\_

\_\_\_\_\_ I hereby give permission to release my child's name, grade, date of birth and parents name to the local Regional Health Authority for public health related programs and services such as dental, health, immunization, speech and language services programs, etc.