

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) ___

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.