

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)

**Special needs children at least 3 years of age on or before December 31 of the current academic year** may qualify to enter an early entrance program subject to Northwest School Division Policy. Parents must assume responsibility for the transportation of the child to and from school in the early entrance program.

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): \_\_\_\_\_