

SCHOOL DISTRICT #28 (Quesnel)

Catchment School Name _____

Student Admission Form - Kindergarten

STUDENT INFORMATION

Gender Male Female
Legal Last Name _____
Legal First Name _____
Usual Last Name _____
Usual First Name _____
Middle Name(s) _____
Birth Date: Day: _____ Month: _____ Year: _____
Birth Certificate or Proof of Age Provided
Home Phone: _____

STUDENT PROPERTY ADDRESS

Street # & Name _____

Apt # _____ City _____
Postal Code _____ **Proof of Address?**

MAILING ADDRESS

Same as Property Address?
If No, Address _____

ADMISSION INFORMATION

Admission Date _____ Time _____
French Immersion
Did your child attend StrongStart? Yes No

CATCHMENT DETAILS

Attending Catchment School? Yes No
If No, complete Attachment A Completed?

SIBLINGS: You may include siblings who are attending a different school

	1.	2.	3.	4.
Last Name:	_____	_____	_____	_____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

CITIZENSHIP

Country & Province of Birth _____
First Language Spoken _____
Language Spoken at Home _____
Citizenship _____

Aboriginal Ancestry:

Yes No
Status Off Reserve Metis Inuit Non-Status
Status On Reserve : Band of Residence _____
DIA # _____

Custody Information: *If there are any custody issues with this student, legal documentation must be brought into the school.*

PARENT/GUARDIAN

Relationship _____
Last Name _____
First Name _____
Living With Student? Same as Student Address?
Address (if different) _____

Place of Employment _____
Work Phone Number _____
Available at Work?
Home Phone Number _____
Cell # _____ Fax # _____
Email Address _____

PARENT/GUARDIAN

Relationship _____
Last Name _____
First Name _____
Living With Student? Same as Student Address?
Address (if different) _____

Place of Employment _____
Work Phone Number _____
Available at Work? Receive copies of Correspondence?
Home Phone Number _____
Cell # _____ Fax # _____
Email Address _____

Please Turn Over....

SCHOOL DISTRICT #28 (Quesnel) School Name _____
Student Admission Form - Kindergarten Continued

Emergency Contacts:

Note: Parents should contact all emergency contacts listed below to ensure they know they are being listed as an emergency contact.

EMERGENCY CONTACT ONE

Relationship _____

Last Name _____

First Name _____

Address _____

Home Phone # _____

Work Place _____

Work Phone _____

Cellular Phone Number _____

EMERGENCY CONTACT TWO

Relationship _____

Last Name _____

First Name _____

Address _____

Home Phone # _____

Work Place _____

Work Phone _____

Cellular Phone Number _____

MEDICAL INFORMATION

Doctor _____ Phone _____ Care Card # _____

Allergies _____ Life Threatening? Yes No

Other Health Factors _____ Life Threatening? Yes No

Dentist _____ Phone _____

Last place of immunization: (Kindergarten only) _____ Date: _____

ALTERNATE ADDRESS ONE

Pickup or Dropoff

Address _____

Contact Name _____

Contact Phone # _____

ALTERNATE ADDRESS TWO

Pickup or Dropoff

Address _____

Contact Name _____

Contact Phone # _____

Alternate Addresses are for anyone who will be picking the student up from school or dropping the student off at school. This may include daycare, babysitters or other care providers.

OTHER

Require Learning Assistance?

Require Special Needs Assistance?

Parent/Guardian Signature

Date

The information provided by you is collected for the use of school personnel and public health personnel and will not be used for any other purpose without prior approval.