



LAKWOOD ELEMENTARY SCHOOL REGISTRATION FORM 2017-2018 (Kindergarten)

OFFICE USE ONLY		
Reg. Date:	___ / ___ / ___	Day Month Year
Time:	_____	
File Requested:	_____	

Student Information:Gender: M/F: ___ Grade: ___ **Legal Surname:** _____ **Legal First Name:** _____

Preferred Surname (if different): _____ Preferred First Name (if different): _____

Middle Name: _____ Birthdate: ___ / ___ / ___ Proof of Age: Birth Cert. or _____
Day Month Year

Home Phone: _____ Address: _____

Mailing Address (if different) _____ Postal Code: _____

Place of Birth: _____ Citizenship (if not Canadian): _____**Language:** First Language? _____ Language at Home? _____**Aboriginal Ancestry:** Yes: / No: Inuit: Metis: Non-Status: Status-Off Reserve: Status-On Reserve: Band of Residence Name: _____ DIA Number: _____**Last School Attended:** _____ Involved in: Learning Assistance: ESL: Special Education: Counselling: Speech & Language: French Immersion: **Hearing/Vision Last Assessed (date):** _____**Parent Information:****Custody of:** Mother: Father: Both: **Living with:** Mother: Father: Both: **Court Order?** Yes: / No: If Yes give details: (**Note:** A copy of an up-to-date court order must be on file with the school)

1) Mother: Last Name: _____ First Name: _____

Address (if different than student): _____

Home Phone (if different): _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email Address: _____

2) Father: Last Name: _____ First Name: _____

Address (if different than student): _____

Home Phone (if different): _____ Work Phone: _____ Cell Phone: _____

Employer: _____ Email Address: _____

Emergency Contacts: (Parents will always be contacted first. This list is for back up purposes.)**1)** Last Name: _____ First Name: _____

Relationship: _____ Home Phone: _____ Cell/Work Phone: _____

2) Last Name: _____ First Name: _____

Relationship: _____ Home Phone: _____ Cell/Work Phone: _____

Daycare: Name: _____ Phone: _____ Cell Phone: _____**Medical Information:**

Doctor: _____ Phone: _____ Care Card # _____

Allergies/Health Conditions: _____ Life Threatening? Yes: / No: Is this child currently on medication: Yes: / No: Description: _____**Parent/Guardian Signature:** _____**Registration Date:** _____