



Kindergarten Registration Form
Entry: September 2010
School District 8



Last Name (legal): _____

Given Names (first and middle): _____ Other (usual name called): _____

Sex: () M () F Medicare #: _____

Birthday: _____ (year) _____ (month) _____ (day)

Age: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____
(Street name & #, Town/City, Province, Postal Code)

Mailing Address: _____
***If different from above

E-mail Address: _____

Please put an (x) indicating with whom the child resides:

() Mother's Name (surname): _____ (first): _____

Work Phone #: _____

Mother's Mother Tongue (language spoken): _____

() Father's Name (surname): _____ (first): _____

Work Phone #: _____

Father's Mother Tongue (language spoken): _____

() Guardian (surname): _____ (first): _____

Work Phone #: _____

Siblings:

Name	DOB (y/m/d)	Grade

Medical Information:

Does your child have a medical condition? yes no
(allergies, vision, hearing, medications, etc.)

If yes, please provide a brief description:

Does your child have an Epipen? yes no

Does your child receive services for speech/language, occupational therapy, early intervention, etc...? yes no
Has your child received any such services in the past? yes no
Are there any other concerns regarding your child that you feel we should be aware of?

Is your child attending preschool? yes no If so, which one? _____

Caregiver's name: _____

Caregiver's address: _____

** Transportation to and from school is provided for those students who live farther than 2.4 km from their community school.

** If students are accepted to attend a school other than their community school, transportation is the parent's responsibility.