

StrongStart BC Program Student Registration Form

Please submit this form to a facilitator at one of our StrongStart Centres. If your child is new to StrongStart, please submit the registration form together with your child's birth certificate or passport, and proof of residency.

Please select a preferred location:	
Preferred Location: Boundary CEastview CLynnmour	Montroyal ONorgate OSeymour Heights OWestview
Previously enrolled in StrongStart: Yes No	School District:
STUDENT INFORMATION	PARENT/GUARDIAN INFORMATION
LEGAL Last Name:	Lives with: O Both Parents O Mother only O Father only O Legal Guardian O Other O Custody Order (on file)
LEGAL First Name:	Relationship to Student:
LEGAL Middle Name:	· · · · · · · · · · · · · · · · · · ·
USUAL Last Name (if different):	LEGAL Name (Last, First): Address (if different from student):
Preferred First Name (if different):	
Preferred Middle Name (if different):	Home Phone: Business Phone:
Birthdate (01JAN2000): Gender:	Email address: Cell Phone:
Student's Address:	Relationship to Student:
Postal Code:	LEGAL Name (Last, First):
Country of Birth: Citizen of:	Address (if different from student):
Language spoken at home:	Home Phone: Business Phone:
C Canadian Citizen C Permanent Resident	Father's email address (if different): Cell Phone:
O Work Permit (min 1 year) O Minister (Religious) Permit	
C Refugee C Exchange Student	Sibling: 🗌 Yes Name:
 Study Permit (min 2 yr in recognized program) 	Sibling's current School/Program:
Indigenous Ancestry: C Yes C No	Sibling's grade:
Lives on Reserve:	Alternate Contact 1 (if parents cannot be reached)
Medical Alerts Anaphylaxis (Extreme Allergic Reaction)	Last Name/First Name:
🗌 Diabetes 🔄 Seizure Disorder 🗌 Severe Asthma	Relationship to Child: Daytime Phone:
□ Blood Clotting Disorder □ Serious Heart Condition	Alternate Contact 2 (if parents cannot be reached)
Special Needs (with potentially life threatening condition)	Last Name/First Name:
Special Learning Considerations	Relationship to Child: Daytime Phone:
AbEd ELL LAC SPED (Ministry Category)	Doctor's Name:
	Doctor's Phone: BC Care Card #:
APPLICANT'S DECLA	RATION AND AGREEMENT
declare that all of the information I have provided in this application and in any other documentation which accompanies this application is complete and true n every respect. Further more, I understand that, if there is any failure to respond completely and truthfully, or any deliberate misrepresentation of information provided by me that upon discovery by the Board of any such falsehoods, this will constitute sufficient grounds for the Board to reassess the application and to revoke the current placement of my child. It is my expectation that my child will be living at the residence stated in this application for the duration of the school year. Should this not be the case and depending on the capacity of the receiving school, I understand that my child may be withdrawn and transferred to a North Vancouver School District school that has space to receive my child.	
Parent/Legal Guardian Signature:	Date Signed:
FOR INTERNAL USE ONLY	
Received by (print name): at:	Date: Placement:
ELL Student: Yes No ESL Level (1-5):	ESL Years (1-5):

The North Vancouver School District has the legal authority to collect personal information that relates directly to its operating programs, activities or as otherwise authorized by statute. Personal information will be used for the purpose for which it was collected or for a use consistent with that purpose.