

**SCHOOL DISTRICT #40 (NEW WESTMINSTER)
CONTINUING EDUCATION – SUMMER LEARNING
YOUTH REGISTRATION FORM**

School Year 2019/2020

Students born after July 1, 2001 are considered youth

Date: _____	OFFICE USE ONLY	Enrollment Date: _____	
Grade: _____	YOG: _____	Pupil#: _____	
International: <input type="checkbox"/> Funded <input type="checkbox"/> Non Funded <input type="checkbox"/> Paid		<table border="1"> <tr> <td>Staff Initial</td> </tr> </table>	Staff Initial
Staff Initial			
Registration Documentation (Student): <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Photo ID			
Registration Documentation (Parent/Guardian): <input type="checkbox"/> Proof of Citizenship <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Photo ID			
Counselor/Administrative Signature <input type="checkbox"/> Out of District: Counselor/Administrative Letter or Email on School Letterhead <input type="checkbox"/>			
Parental/Guardian Signature <input type="checkbox"/>			
Additional Documentation: <input type="checkbox"/> Previous Report Card <input type="checkbox"/> Official Transcript of Grades			

PLEASE PRINT CLEARLY & COMPLETE BOTH SIDES

STUDENT INFORMATION _____

Legal Last Name: _____ PREFERRED Last Name: _____

Legal First name: _____ PREFERRED First Name: _____

Legal Middle Name: _____ Date of Birth (Month/Day/Year): _____

Home Phone Number: _____ Student Cell Phone: _____

Student Email: (Please print CLEARLY) _____

PROPERTY ADDRESS _____

Address: _____ City: _____

Province: _____ Postal Code: _____

CITIZENSHIP _____

Country of Birth: _____ City: _____ Province: _____

Status: Canadian Permanent Resident Refugee Student Visa Work Permit

If Applicable: Student Visa Expiry Date: _____ Work Permit Expiry Date: _____

Home Language: _____ Language Most Used: _____

ABORIGINAL ANCESTRY _____

YES NO If yes: Inuit Metis First Nations

If First Nations: Non-Status Status- Off Reserve Status- On Reserve

If known, what is your Band of Origin? _____

CURRENT SCHOOL/DISTRICT _____

District: _____ School Name: _____

Counselor/Administration Name: _____

Signature: _____

Approved Courses: _____

PARENT/GUARDIAN INFORMATION _____

<u>Contact #1</u>	<u>Contact #2</u>
Relationship: _____	Relationship: _____
First Name: _____	First Name: _____
Last Name: _____	Last Name: _____
Home Phone: _____ Cell: _____	Home Phone: _____ Cell: _____
Work phone: _____	Work phone: _____
Email: _____	Email: _____
Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL _____

Are there any medical issues, medications, or allergies you would like us to be aware of? Yes No If yes, please specify below.

VERIFICATION _____

I CERTIFY THAT THE INFORMATION ON THIS FORM IS CORRECT.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

The information on this form is collected under the authority of the School Act. Information is used by the District for Ministry of Education reporting, demographic, enrolment, budget facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.

OFFICE USE ONLY		
COURSES ASSIGNED	ENTERED IN MYED ✓	NOTES:
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	
_____	<input type="checkbox"/>	