

SCHOOL DISTRICT #40 (NEW WESTMINSTER)
SUMMER LEARNING
IN-DISTRICT YOUTH REGISTRATION FORM
Students born after July 1, 2000 are considered youth

School Year
2019/2020
SUMMER

Date: _____	OFFICE USE ONLY	Enrollment Date: _____
Grade: _____	YOG: _____	Pupil#: _____
PEN#: _____		Staff Initial
International: <input type="checkbox"/> Funded <input type="checkbox"/> Non Funded <input type="checkbox"/> Paid _____		
Counsellor/Administrative Approval <input type="checkbox"/> Parental/Guardian Signature <input type="checkbox"/>		
NWSS <input type="checkbox"/> FRMS <input type="checkbox"/> QMS <input type="checkbox"/>		
Attach Student Information Verification Form (NWSS) <input type="checkbox"/>		
Office Notes: _____		

PLEASE PRINT CLEARLY & COMPLETE BOTH SIDES. ALL INFORMATION IS REQUIRED.

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 _____

School Name: _____ MyEd BC Pupil Number: _____

Have you spoken with your School Counsellor? * YES NO

* It is important to speak with your counsellor to ensure that you are choosing the correct course(s) for your learning plan.

School Counsellor Name: _____

Requested Courses (be sure to indicate AM or PM): _____

If requested course(s) full, alternate choice: _____

PARENT/GUARDIAN INFORMATION _____

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