

Kindergarten

& Kinderstart Registration Information

This online registration is an application to enroll your child in Kindergarten for the school year. The registration process will be completed once you have provided proof of address in person at the school on or before .

English: Please register for your zoned school.

French Immersion: Please register for your zoned school if program is offered. If the program is not offered select the school closest to your residence.

🔴 Required field. ✓ Not Required/OK

1. STUDENT INFORMATION

Please complete the following information to register your child for Kinderstart/Kindergarten.

🔴 Required field. ✓ Not Required/OK

(a) DEMOGRAPHICS

Student First Name:

Student First Name 🔴

↑ Please fill out this field.

Student Last Name:

Student Last Name 🔴

↑ Please fill out this field.

Gender:

--- Select One --- 🔴

↑ Please fill out this field.

Date of Birth (DD/MM/YYYY):

15/04/2022 ✓

Type of Student:

--- SELECT --- 🔴

↑ Please select.

Student Status in Canada:

--- SELECT --- 🔴

↑ Please select.

Self-Identified Indigenous Status:

--- SELECT (Optional) --- ✓

(b) STUDENT MCP

MCP Number (12 digits):

Valid MCP Number 🔴

↑ Please fill out this field.

MCP Expiration (mm/yyyy):

mm/yyyy 🔴

↑ Please select date.

(c) PHYSICAL ADDRESS:

Address: (Street Address, P.O. Box, etc)

Enter Street Address (i.e. 10 Main Street) 🔴

↑ Please fill out this field.

City/Town:

--- SELECT --- 🔴

↑ Please select.

Province:

NL

Postal Code (X#X #X#):

X#X #X# 🔴

↑ Please fill out this field.

Enter PO Box, if any (i.e. P.O. Box 100) ✓

(d) MAILING ADDRESS: Same as physical address?

Address: (Street Address, P.O. Box, etc)

Enter Street Address (i.e. 10 Main Street) 🔴

↑ Please fill out this field.

City/Town:

--- SELECT --- 🔴

Province:

NL

Postal Code (X#X #X#):

X#X #X# 🔴

↑ Please fill out this field.

Enter PO Box, if any (i.e. P.O. Box 100) ✓

2. SCHOOL INFORMATION

🔴 Required field. ✓ Not Required/OK

School:

--- Select One --- 🔴

↑ Please select.

Program Stream:

--- Select One --- 🔴

↑ Please select (Select school first to get list.)

3. CONTACT INFORMATION

🔴 Required field. ✓ Not Required/OK

(a) PRIMARY CONTACT

Full Name (Firstname Lastname):

Full name (Firstname Lastname) 🔴

↑ Please enter name.

Relationship to Student:

--- Select One --- 🔴

↑ Please select.

Primary Phone (xxx) xxx-xxxx :

Primary Contact Number 🔴

↑ Please fill out at least one contact number.

Work Phone (xxx) xxx-xxxx :

Optional ✓

Cell Phone (xxx) xxx-xxxx :

Optional ✓

Email:

Enter Valid Email Address 🔴

↑ Please provide valid email address.

(b) OPTIONAL CONTACT

Full Name: (Firstname Lastname)

Optional ✓

Relationship to Student:

--- Select One --- 🔴

Primary Phone (xxx) xxx-xxxx:

Optional ✓

Work Phone (xxx) xxx-xxxx:

Optional ✓

Cell Phone (xxx) xxx-xxxx:

Optional ✓

Email:

Optional ✓

(c) EMERGENCY CONTACT

All parents/guardians must provide an alternative contact in case of emergency.

Full Name: (Firstname Lastname)

Enter name (Firstname Lastname) 🔴

↑ Please enter name.

Telephone (xxx) xxx-xxxx:

Enter Number 🔴

↑ Please provide valid contact number.

4. OTHER INFORMATION

This section must have all questions answered.

(a) Are there any custody issues of which the school should be aware?

Court documentation is required if either parent is to be denied from receiving academic information and/or access to child.

YES NO

(b) Does your child have any health or other concerns of which we should be aware?

YES NO

(c) Does your child require an accessible facility?

YES NO

(d) Do you have a child currently enrolled in the Early French Immersion Program in this school?

YES NO

This personal information is collected under the authority of the Schools Act, 1997 and will be used for the establishment of a student record, determination of residency, to administer educational programs and support services, and for other purposes necessary for an operating program or activity, including program placement, determination of eligibility for funding, contact and health related information in the event of problems or emergencies. This information will be treated in accordance with the privacy protection provisions of the Access to Information and Protection of Privacy Act. If you require further information on the collection and use of this information, contact your school principal or the NLSchools ATIPP Coordinator at 709-729-1234.

By submitting this form, I hereby certify that the information given on this form is accurate and complete to the best of my knowledge.

Submit Registration Cancel

🕒 CURRENT SERVER TIME 🕒
04/15/2024 09:59:48 AM