

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:

↑ Please fill out this field.

Student Last Name:

↑ Please fill out this field.

Gender:

↑ Please fill out this field.

Date of Birth (DD/MM/YYYY):

↑ Please select date.

(b) STUDENT MCP

MCP Number (12 digits):

↑ Please fill out this field.

MCP Expiration (mm/yyyy):

↑ Please select date.

(c) PHYSICAL ADDRESS:

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

↑ Please fill out this field.

City/Town:

↑ Please select.

Province:

NL

Postal Code (X#X #X#):

↑ Please fill out this field.

✔

(d) MAILING ADDRESS: Same as physical address?

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

↑ Please fill out this field.

City/Town:

↑ Please select.

Province:

NL

Postal Code (X#X #X#):

↑ Please fill out this field.

✔

2. SCHOOL INFORMATION

🔴 Required field. ✔ Not Required/OK

School:

↑ Please select.

Program Stream:

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

3. CONTACT INFORMATION

🔴 Required field. ✔ Not Required/OK

(a) PRIMARY CONTACT

Full Name (Firstname Lastname):

↑ Please enter name.

Relationship to Student:

↑ Please select.

Primary Phone (xxx) xxx-xxxx :

↑ Please fill out at least one contact number.

Work Phone (xxx) xxx-xxxx :

✔

Cell Phone (xxx) xxx-xxxx :

✔

Email:

↑ Please provide valid email address.

(b) OPTIONAL CONTACT

Full Name: (Firstname Lastname)

↑ Please enter name.

Relationship to Student:

↑ Please select.

Primary Phone (xxx) xxx-xxxx:

✔

Work Phone (xxx) xxx-xxxx:

✔

Cell Phone (xxx) xxx-xxxx:

✔

Email:

✔

(c) EMERGENCY CONTACT

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

Full Name: (Firstname Lastname)

↑ Please enter name.

Telephone (xxx) xxx-xxxx:

↑ 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?

YES NO

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

(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 NLESD ATIPP Coordinator at 709-758-2372.