



STRONG START ADMISSION FORM

SCHOOL DISTRICT NO. 57
(Prince George)
Promoting Healthy Choices

Centre Name _____
Registration Date _____

STUDENT INFORMATION

Legal Last Name _____
Legal First Name _____
Legal Middle Name _____
Usual Last Name _____
Usual First Name _____
Usual Middle Name _____

Gender Female Male
Birth Date (DD-MM-YY) _____
Proof of Age _____
Home Phone No. _____
Unlisted Yes No

CIVIC ADDRESS

House No. _____ Apt # _____
Street Name _____
City _____
Postal Code _____

MAILING ADDRESS

Address if different from civic address (e.g., PO Box)

Previous Strong Start Centre _____

Language Spoken at home _____

PARENT / GUARDIAN INFORMATION

Last Name _____
First Name _____
Relationship _____
Living with Student Yes No
Address if different from student

Work Phone No. _____
Home Phone No. _____
Unlisted Yes No
Cellular Phone No. _____

Last Name _____
First Name _____
Relationship _____
Living with Student Yes No
Address if different from student

Work Phone No. _____
Home Phone No. _____
Unlisted Yes No
Cellular Phone No. _____

CAREGIVER / EMERGENCY CONTACT INFORMATION

Last Name _____
First Name _____
Relationship _____
Home Phone No. _____
Unlisted Yes No

Work Phone No. _____
Cellular No. _____
Pager No. _____

MEDICAL INFORMATION

Food Allergies _____

Protection of Privacy

The information on this form is collected under the authority of the School Act, section 13. The information will be used for Strong Start program purposes. Information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the principal of your school or to the Freedom of Information and Protection of Privacy Officer, School District No. 57, 2100 Ferry Avenue, Prince George, B.C. V2L 4R5. Phone (250) 561-6800.

Parent / Guardian / Caregiver approval: _____ Date: _____
(signature)