

Northern Lights

School Division 113

Student Registration

Pre-K & K Supplemental Form

V1.1

Student Name Age

Home Room Grade Session ⃝ AM ⃝ PM

***Declaration:*** The information provided on this document is true, correct and complete. I will notify the school (in writing) of any changes to the information on this form.

Signature of Custodial Parent / Legal Guardian Date

Self-Care

We strive to accommodate students who are toilet learning. Is your child completely trained? ⃝ Yes ⃝ No

Please provide any further information relating to your child that would be helpful in understanding and caring for your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional Information

Special Requests

After school, my child goes to: Phone Number

Provide the names of the people who have authorization to remove the child from the school:

Name and relationship to child:

Name and relationship to child:

Access Restrictions (if applicable) Note: Copy of order must be retained by office

Is there a court restraining order in place? ⃝ Yes ⃝ No

If yes, name of person(s) restrained:

Are your child’s immunizations up to date? ⃝ Yes ⃝ No

Has your child ever been assessed for the following:

⃝ Sight ⃝ Hearing ⃝ Speech ⃝ Dental ⃝ Early Childhood Intervention Plan

⃝ Psychiatrist ⃝ Psychologist ⃝ Physiotherapist ⃝ Other:

Siblings Do you currently have other children enrolled within Northern Lights School Division #113?

If yes, please list below:

|  |  |  |
| --- | --- | --- |
| Name | Grade | School |
| Name | Grade | School |
| Name | Grade | School |