

École Centennial School Registration

French Immersion Program

English Program

Student

Legal Last Name _____ Legal First Name _____ Legal Middle Name(s) _____ Preferred Last _____ Preferred First _____ Preferred Middle _____ Gender _____ Date of birth _____ Health Services No. _____ Alt. Health No. _____ Student e-mail _____ Family Courier <input type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Primary Phone _____</td> <td style="width: 50%;">Cell Phone _____</td> </tr> <tr> <td colspan="2">Street Address _____</td> </tr> <tr> <td colspan="2">City _____ Prov _____ PC _____</td> </tr> <tr> <td colspan="2">Land Location _____ QS _____ SEC _____ RL _____ TWSP _____ REG _____ MER _____</td> </tr> <tr> <td colspan="2">Mailing Address (if different than property address)</td> </tr> <tr> <td colspan="2">Street Address _____</td> </tr> <tr> <td colspan="2">RR Number/PO Box _____</td> </tr> <tr> <td colspan="2">City _____ Prov _____ PC _____</td> </tr> </table>	Primary Phone _____	Cell Phone _____	Street Address _____		City _____ Prov _____ PC _____		Land Location _____ QS _____ SEC _____ RL _____ TWSP _____ REG _____ MER _____		Mailing Address (if different than property address)		Street Address _____		RR Number/PO Box _____		City _____ Prov _____ PC _____	
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Previous School Name _____ City _____																	

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EMERGENCY CONTACT INFORMATION (contacted if parents can't be reached, listed in the order they are to be called)

Emergency Contact 1 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____
Emergency Contact 2 _____	Primary Phone _____	Work Phone _____
	Cell Phone _____	Relationship _____

SIBLING INFORMATION

Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____
Legal Last _____	Gender	Male <input type="checkbox"/>	Birthdate _____
Legal First _____		Female <input type="checkbox"/>	Relationship _____

STUDENT MEDICAL ALERTS

Description _____

OTHER STUDENT ALERTS - Health, family or other informational

Description _____

CITIZENSHIP Country _____	Entry to Canada Date _____
CITIZENSHIP Country 2 _____	Citizenship Effective Date _____
Country of Birth _____	Home Language _____
Resident Type _____	HOME LANGUAGE 2 _____

ABORIGINAL ANCESTRY Inuit/Inuk Metis Non-Status-Indian Status-Indian

Living on Reserve Reserve of Residence _____ Band Affiliation _____

Parent / Guardian Signature _____ Date _____