New Westminster Schools Registration Form

Office Use Only

Student Information
Legal Last Name:

Address:

Usual Name:

Home Phone #:

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Emergency Contact 1 (other than parent)	Emergency Contact 2 (or daycare)
Name:	Name:
Relationship to Student:	Relationship to Student:
Home Phone #:	Home Phone #:
Mobile Phone #:	Mobile Phone #:
Student Medical Health Information	
Doctor name:	Dentist name:
Phone #:	Phone #:
Student Care #:	Please list any health concerns, e.g., vision, hearing, allergies, chronic illness, etc.:
Medical Alert: Yes No	
If yes, specify:	

Sibling Information First/Last Name:

DOB (mm/dd/yysbjiths 5nf/) r41ats 55 (8