

Elementary Registration Form 2020-2021

Westgate Heights Academy

STUDENT INFORMATIO	N							
Student's Legal Name	Birthdate			Gender				
Last Name		MM	DD	YYYY	☐ Male ☐ Female			
First Name		Languages First Language Second Language						
Middle Name	Has student ever been registered with Westgate Heights Academy? Yes No							
Usual or Called Name (if different from First Name)		Previous School Attended Previous School's Location						
Register for Grade	K Grade 🗌	1 2 _	3 🗌 4	5				
First Nation, Inuit and Métis (voluntary self declaration)								
☐ First Nations Status ☐ First Nations Non-Status ☐ Inuit ☐ Métis								
Reserve Name:								
Citizenship								
Is the named student a	Canadian Citizen?	☐ Yes ☐ No	o If No	o, Citizer	nship:			
Country of Birth:	Last Count	ry Student Atte	ended Sc	:hool:				
Proof of legal status must	be provided in orde	er to register						
☐ Permanent Resident	☐ Refugee Categ	ory 🗌 Parent	Work Per	mit Exp mm	m/dd/yyy			
Study Permit (Internati	onal Student Progra	ım) 🗌 Parent	Work Per	mit Exp mm	m/dd/yyy			
	Signature of school	official verifyin	g docum	nent				
OFFICE USE ONLY (How	was the student's r	name and birth	date ver	ified?)				
☐ Birth Certificate ☐ F	Passport 🗌 Statu	us Card Othe	r (Name Off	icial Docume	ent)			
☐ Immigration Papers/F	· ·							
	signature of school		g docum	ent				
	STUDENT'S CONTACT INFORMATION							
STUDENT'S RESIDENCE		STU	DENT'S	CONTA	ACT INFORMATION			
House Number	Apt# (if applicable)	Area Code P		CONTA	ACT INFORMATION			
				S CONTA	ACT INFORMATION			
House Number		Area Code P	hone	S CONTA	ACT INFORMATION			
House Number Street		Area Code P () Email	ell	Two Parer Joint Custo	nts Mother Father			
House Number Street City Province	Apt# (if applicable) Postal Code	Area Code P () Email Area Code C ()	ell	Two Parer	nts Mother Father			
House Number Street City Province EMERGENCY/MEDICAL Who should be contacted fire	Apt# (if applicable) Postal Code INFORMATION	Area Code P () Email Area Code C () Student resid	ell es with	Two Parer Joint Custo	nts Mother Father ody Relative Guardian			
House Number Street City Province EMERGENCY/MEDICAL Who should be contacted fir 1.	Apt# (if applicable) Postal Code INFORMATION	Area Code P () Email Area Code C () Student resid	ell es with	Two Parer Joint Custo	nts Mother Father ody Relative Guardian			
House Number Street City Province EMERGENCY/MEDICAL Who should be contacted fir 1. 2.	Apt# (if applicable) Postal Code INFORMATION st in the case of school	Area Code P () Email Area Code C () Student resid	ell es with	Two Parer Joint Custo	nts Mother Father ody Relative Guardian			
House Number Street City Province EMERGENCY/MEDICAL Who should be contacted fir 1.	Apt# (if applicable) Postal Code INFORMATION st in the case of school t Name:	Area Code P () Email Area Code C () Student resid	ell es with	Two Parer Joint Custo	nts			
House Number Street City Province EMERGENCY/MEDICAL Who should be contacted fir 1. 2. 3. Other Emergency Contact	Apt# (if applicable) Postal Code INFORMATION st in the case of school t Name:	Area Code P () Email Area Code C () Student resid	ell es with	Two Parer Joint Custo	Mother Father Dody Relative Guardian Nother, Father, Guardian Phone () Phone ()			
House Number Street City Province EMERGENCY/MEDICAL Who should be contacted fir 1. 2. 3. Other Emergency Contacted. 4. Other Emergency Contacted.	Postal Code INFORMATION st in the case of school t Name: t Name: Phone ()	Area Code P () Email Area Code C () Student resid	ell es with emergence	Two Parer Joint Custo	Mother Father Dody Relative Guardian Hother, Father, Guardian Phone () Phone () er			
House Number Street City Province EMERGENCY/MEDICAL Who should be contacted fir 1. 2. 3. Other Emergency Contacted. Other Emergency Contacted. Doctor's Name	Postal Code INFORMATION st in the case of school t Name: t Name: Phone () ndition(s) that requires re-	Area Code P () Email Area Code C () Student resid	ell es with emergence	Two Parer Joint Custo	Mother Father Dody Relative Guardian Hother, Father, Guardian Phone () Phone () er			
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Last Name	Mother 🗌 S	tep Fathe	a Step Moti	ner 🗌 Legal Guardian	Other	
			Address if diffe	erent from Student		
First Name		House/Apt#				
Title Mr. Mrs. Ms.	Miss	Dr.	Street			
Married Single Separated D	Divorced	Other	City			
Phone ()			Province	Postal Code		
Email			Employer			
Cell ()			Employer Phone	()		
	Madlan 🗆 C	ton Father			Other	
Second parent/guardian Father Last Name	Mother S	tep Fathe	•	ner Legal Guardian	Other	
				erent from Student		
First Name		1_	House/Apt#			
Title Mr. Mrs. Ms.	Miss	Dr.	Street			
	Divorced	Other	City			
Phone ()			Province	Postal Code		
Email			Employer			
Cell ()			Employer Phone	()		
Third parent/guardian	Mother 🗌 S	tep Fathe	er 🗌 Step Moth	ner 🗌 Legal Guardian	Other	
Last Name		Address if different from Student				
First Name			House/Apt#			
Title Mr. Mrs. Ms.	Miss	Dr.	Street			
Married Single Separated D	Divorced	Other	City			
Phone ()			Province	Postal Code		
Email			Employer			
Cell ()			Employer Phone	()		
Fourth parent/guardian Father	Mother S	tep Fathe		ner Legal Guardian	Other	
	viotriei 🗀 5	tep ratife	•		Other	
Last Name				erent from Student		
First Name		_	House/Apt#			
Title Mr. Mrs. Ms.	Miss	Dr.	Street			
	Divorced	Other	City			
Phone ()			Province	Postal Code		
Email			Facial access			
LIIIdii			Employer			
Cell ()			Employer Phone	()		
Cell ()	DICUTS	ndicato i	Employer Phone	()	No	
Cell () GUARDIANSHIP, CUSTODY, OR ACCESS		_	Employer Phone such documer		No	
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