



## Early Education/Kindergarten/Grades 1-12 Registration

Please print clearly and answer all questions

**DATE:** \_\_\_\_\_ **PARENT SIGNATURE:** \_\_\_\_\_

### FAMILY INFORMATION

**PARENT'S NAME:** \_\_\_\_\_  
(Father) (Mother) (Family Name)

**MAILING ADDRESS:** \_\_\_\_\_  
(Street / Box #) (City) (Province) (Postal Code)

**PERMANENT ADDRESS:** (If different than above) \_\_\_\_\_  
(Street Address OR Legal Land Description OR 911 Rural Address)

**PHONE (H):** \_\_\_\_\_ **PHONE(C):** (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\*This will also be used for mailing lists for Society and school purposes

### STUDENT INFORMATION

\*Please include a copy of citizenship documents for School Records

LEGAL LAST NAME	LEGAL FIRST NAME <small>*INCLUDE PREFERRED</small>	MIDDLE NAME	MALE/FEMALE	BIRTHDATE <small>(MM/DD/YY)</small>	CURRENT GRADE

#### **\*FOR EARLY EDUCATION AND KINDERGARTEN: PLEASE INDICATE YOUR PREFERENCE OF DAYS**

**Early Education Program (Half Day AM)**

Mondays / Wednesdays  
 Tuesdays / Thursdays  
 Mon/Tues/Wed/Thurs

**Kindergarten (Full Days)**

Mondays / Wednesdays  
 Tuesdays / Thursdays  
 Either Class

\*For Early Education, please include \$40 cash School District registration fee and a copy of immunization records at the time of application

***Is there anything we need to know about your child or children that will help us meet their educational needs?***

**Comments:**

### PREVIOUS SCHOOL ATTENDED

Please list previous school attended so the student's file can be requested

SCHOOL NAME	COMPLETE MAILING ADDRESS	DATES ATTENDED	PRINCIPAL

**BUS SERVICE REQUESTED:**                      **yes**                      **no**

If yes, the ICS Transportation Coordinator will contact you with route details and pickup times by the start of the new school year. See website for applicable busing fees. There is no busing available for Early Education students.

**FOR OFFICE USE ONLY:**

Principal Signature \_\_\_\_\_