STUDENT REGISTRATION FORM 2019-2020

Please print. Please fill out a separate form for each child enrolling.
Additional forms are available from the school office or from www.flca.ca.
Fees: $150.00 registration fee per student.
Registration forms and fee are due seven (7) days after verbal confirmation of registration is received in order to guarantee placement.

Entry Grade Level: **___ Pre-Kindergarten ___ Junior Kindergarten ___ Senior Kindergarten**

___ Half-day Student ___ Full day Student

___ Gr. 1 ___ Gr. 2 ___ Gr. 3 ___Gr. 4 ___ Gr. 5 ___ Gr. 6 ___ Gr. 7 ___ Gr. 8

Today's Date: _____

Child's Full Name: _____

Date of Birth: _____ **Sex:** _____

Street Address: _____

City, Province: _____

Home Telephone Number: _____

Mother's Name: _____

Father's Name: _____

Language Spoken at Home: _____

Status in Canada:

☐ **Canadian Citizen** ☐ **Landed Immigrant** ☐ **Visa Student**

Religious Denomination: _____ **Home Congregation:** _____

Is the Student Baptized? ☐ **Yes** ☐ **No**

Health Card Number: _____

Doctor's Name: _____**Doctor's Telephone Number:** _____

Medical Conditions (Hearing, Vision, Heart, Seizures, Allergies, Medications, Procedures, Limitations, etc.)

_____

Student Information (Special Learning Needs, etc.)

_____

Names and Birthdates of other children in the family:

_____

Father's Information

Place of Business: _____

Business Phone: _____

Cell Phone: _____

E-mail Address: _____

Mother's Information

Place of Business: _____

Business Phone: _____

Cell Phone: _____

E-mail Address: _____

How would you like parents' names to appear on correspondence? (eg. Mr. & Mrs. John Smith)

_____

Custody Information

_____

Emergency Contact Information (Friend or family member other than parent)

Name: _____

Relationship to Child: _____

Home Phone: _____

Work Phone:_____ _____

Cell Phone: _____

Previous School Attended: _____ Last Grade Completed: _____

Thank you for considering First Lutheran Christian Academy. We look forward to welcoming you to our school family. Please contact the teachers or principal if there are any questions or concerns. God bless your family as we work together to provide the foundation and nurture needed by our children.

For office use only

Registration Fee Paid ____ Payment Info _____

Trevlac Number: _____

___ Birthday List	____ OSR Requested
___ E-mail Group List	____ Rolodex
___ Health Unit Roll	____ Sage
___ Lunch Card File	____ Snow Day List