



**OFFICE USE ONLY**

<b>True North ID</b>		<b>School Year</b>	2021 - 2022
<b>Registration Date</b>		<b>Registration Status</b>	Incomplete / Complete
<b>Registration Staff</b>			
<b>Assigned School</b>		<b>PEN Number</b>	
<b>Pupil Number</b>		<b>ELL Assessment Date</b>	
<b>Program</b>	International Education (ELL and academic)	<b>ELL Level</b>	
<b>Grade</b>		<b>Start Date</b>	Sept 2021

**Student Information**

<b>Legal First Name</b>		<b>Usual First Name</b>	
<b>Legal Middle Name</b>		<b>Usual Middle Name</b>	
<b>Legal Last Name</b>		<b>Usual Last Name</b>	
<b>Date of Birth</b>		<b>Gender</b>	
<b>Address in Canada</b>			
<b>Home Phone</b>		<b>Cell Phone</b>	
<b>Alternate Phone</b>		<b>Email</b>	
<b>Previous From Country</b>		<b>Previous School Name/City</b>	
<b>School Status</b>	New international student (funding ineligible)	<b>Prev Schl End Date</b>	
<b>Citizenship</b>	<input type="checkbox"/> Study Permit Holder <input type="checkbox"/> Visitor Visa Holder <input type="checkbox"/> Non-resident Canadian <input type="checkbox"/> Others: _____	<b>Resource Support</b>	ELL support subject to ELL level.
<b>Country of Birth</b>		<b>Country of Citizenship</b>	
<b>Home Language(1)</b>		<b>Home Language(2)</b>	
<b>A. Any allergies and health conditions</b>	<input type="checkbox"/> Yes (please answer Part B, C, D, E) <input type="checkbox"/> No (please skip Part B, C, D, E)	<b>B. Are any of these allergies and conditions life threatening?</b>	<input type="checkbox"/> Yes, it is life-threatening. <input type="checkbox"/> No, it is <u>not</u> life-threatening.
<b>C. Medication Type</b>		<b>D. Medication Dosage</b>	
<b>E. Please explain in details on the allergies and health conditions</b>			

**First Parent Information**

<b>Legal First Name</b>		<b>Relationship</b>	
<b>Legal Last Name</b>		<b>Home Phone</b>	
<b>Cell Phone</b>		<b>E-mail</b>	
<b>Address</b>		<b>Work Phone</b>	

**Second Parent Information**

<b>Legal First Name</b>		<b>Relationship</b>	
<b>Legal Last Name</b>		<b>Home Phone</b>	
<b>Cell Phone</b>		<b>E-mail</b>	
<b>Address</b>		<b>Work Phone</b>	

**Custodian Contact inside Canada**

<b>Legal First Name</b>		<b>Relationship</b>	
<b>Legal Last Name</b>		<b>Home Phone</b>	
<b>Cell Phone</b>		<b>E-mail</b>	
<b>Address</b>		<b>Work Phone</b>	
		<b>Citizenship</b>	

**Responsible Adult/Homestay Contact inside Canada**

<b>Legal First Name</b>		<b>Relationship</b>	
<b>Legal Last Name</b>		<b>Home Phone</b>	
<b>Cell Phone</b>		<b>E-mail</b>	
<b>Address</b>		<b>Work Phone</b>	
		<b>Citizenship</b>	

**Sibling Information in Richmond School District**

<b>Does the student have siblings studying in Richmond School District?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please list the siblings		
<b>Name (1)</b>		<b>School (1)</b>		<b>Grade</b>
<b>Name (2)</b>		<b>School (2)</b>		<b>Grade</b>
<b>Name (3)</b>		<b>School (3)</b>		<b>Grade</b>

**Declaration of Eligibility**

1. Has the student ever received treatment for any learning, behavioral, emotional, psychological or physical challenges?

- Yes  
 No

If Yes, please be specific

2. Is the student currently taking medication for any of the listed conditions to manage learning, behavioral, emotional, psychological or physical challenges?

- Yes  
 No

If Yes, please be specific

**Acknowledgement of Complete Registration Form**

By completing and returning this form, I/We are the parents of the student and hereby certify that the information provided above is truthful, accurate and complete. I/We understand that misrepresentation of facts will result in my child's immediate removal from RIE. Subject to the degree of misrepresentation, the case may be communicated to Immigration, Refugee and Citizenship Canada (IRCC), Canada Border Services Agency (CBSA), and/or other authorities in Canada and in home country.

First Parent e-Signature	Second Parent e-Signature
First Parent Print Name	Second Parent Print Name
Date of Signature	