



Boundary Outreach StrongStart
Christina Lake Elementary School

Date: _____

Child's name: Last: _____ first: _____ middle: _____

Place of Birth: _____ Citizenship: _____ Age: _____ Gender: ___ M ___ F

Birth Date: _____ Photocopy of Birth Certificate: _____ Y _____ N

Mother's Name: _____ Home Phone Number: _____
Mailing Address: _____ Cell Number: _____
Street Address: _____ Email address: _____
Place of work: _____ Work Number: _____

Father's Name: _____ Home Phone Number: _____
Mailing Address: _____ Cell Number: _____
Street Address: _____ Email Address: _____
Place of work: _____ Work Number: _____

Emergency contact name: _____ Phone number: _____

Custody: _____ Living with: _____ Court Access: _____

ESL: _____ Y _____ N Language at home: _____

Aboriginal Ancestors: _____ Y _____ N Status: _____ Y _____ N

Personal Health Number: _____

Has your child received age appropriate immunizations? [] Yes [] No

Does your child have any known allergies? [] Yes [] No

Medical conditions: _____

Siblings:

Last name: 1. _____ 2. _____ 3. _____ 4. _____
First name: _____
Relationship: _____
Birth date: _____
Gender: _____
School attended: _____



Ministry of Education