



# NEW WESTMINSTER SECONDARY SCHOOL

835 8<sup>th</sup> Street  
New Westminster, BC  
V3M 3S9

Telephone: (604) 517-6220  
FAX: (604) 517-6204  
Website: www.nwss.ca

<input type="checkbox"/> NEW REGISTRANT	<b><u>STUDENT REGISTRATION</u></b>	<input type="checkbox"/> CROSS BOUNDARY
<input type="checkbox"/> RE-ADMISSION	ENTERING GRADE _____	<input type="checkbox"/> OUT OF DISTRICT

**STUDENT'S LEGAL NAME:**

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

**STUDENT'S PREFERRED NAME:**

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE  
Year Month Day

P.E.N.# \_\_\_\_\_

**STUDENT'S PRIMARY ADDRESS:**

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_

CELL # / WORK # \_\_\_\_\_ / \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_

CELL # / WORK # \_\_\_\_\_ / \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**STUDENT'S SECONDARY ADDRESS (IF APPLICABLE):**

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

MOTHER/GUARDIAN NAME: \_\_\_\_\_

CELL # / WORK # \_\_\_\_\_ / \_\_\_\_\_

FATHER/GUARDIAN NAME: \_\_\_\_\_

CELL # / WORK # \_\_\_\_\_ / \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

First Nations Background:

 Yes  No Status  Non-Status Inuit  Metis Check here if you are a Canadian CitizenIf you **ARE NOT** a Canadian Citizen;

Date of Arrival in Canada \_\_\_\_\_

Date of Arrival in BC \_\_\_\_\_

Immigration Class -

 Permanent Resident (Landed Immigrant) Government Assisted Refugee Privately Sponsored/Landed Refugee International Student**Note: Proof of Immigration Status Required**

Parent's E-Mail Address \_\_\_\_\_

Canadian Province of Birth \_\_\_\_\_

If not born in Canada, Country of Birth \_\_\_\_\_

Language Primarily Spoken at Home \_\_\_\_\_

**Special Education Designation:**  Yes  No **Category (if known)** \_\_\_\_\_ **I.E.P.:**  Yes  No

NAME OF PREVIOUS SCHOOL: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

I certify that all statements on this application are true and complete and that no information has been withheld. I also acknowledge that it is my responsibility to ensure that I notify the school regarding any changes to the above information.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE\_\_\_\_\_  
DATE**OFFICE USE ONLY:**

ENROLLMENT DATE: \_\_\_\_\_ COUNSELLOR: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

