



OFFICE USE ONLY

True North ID		School Year	2023-2024
Registration Date		Registration Status	Incomplete___ / Complete ___
Registration Staff			
Assigned School		PEN Number	
Pupil Number		ELL Assessment Date	
Program	International Education (ELL and academic)	ELL Level	
Grade		Start Date	29-January-2024

STUDENT INFORMATION

Legal First Name		Usual First Name	
Legal Middle Name		Usual Middle Name	
Legal Last Name		Usual Last Name	
Date of Birth		Gender	
Address in Canada			
Home Phone		Cell Phone	
Alternate Phone		Email	
Previous Country		Previous School Name/City	
School Status	New international student (funding ineligible)	Prev Schl End Date	January 2024
Citizenship	<input type="checkbox"/> Study Permit Holder <input type="checkbox"/> Visitor Visa Holder <input type="checkbox"/> eTA Holder <input type="checkbox"/> Non-resident Canadian <input type="checkbox"/> Others: _____	Resource Support	ELL support subject to ELL level.
Country of Birth		Country of Citizenship	
Home Language(1)		Home Language(2)	
A. Any allergies and health conditions	<input type="checkbox"/> Yes (please answer Part B, C, D, E) <input type="checkbox"/> No (please skip Part B, C, D, E)	B. Are any of these allergies and conditions life threatening?	<input type="checkbox"/> Yes, it is life-threatening. <input type="checkbox"/> No, it is <u>not</u> life-threatening.
C. Medication Type		D. Medication Dosage	
E. Please explain in details on the allergies and health conditions			

FIRST PARENT INFORMATION

Legal First Name		Relationship	
Legal Last Name		Home Phone	
Cell Phone		E-mail	
Address		Work Phone	

SECOND PARENT INFORMATION

Legal First Name		Relationship	
Legal Last Name		Home Phone	
Cell Phone		E-mail	
Address		Work Phone	

CUSTODIAN INFORMATION *(The adult, Canadian or Permanent Resident over the age of 25, living within a reasonable distance from the student at all times.)*

Legal First Name		Relationship	
Legal Last Name		Home Phone	
Cell Phone		E-mail	
Address		Work Phone	
		Citizenship	

RESPONSIBLE ADULT/HOMESTAY INFORMATION (*The adult, over the age of 25, living with the student in the same address in Richmond at all times.*)

Legal First Name		Relationship	
Legal Last Name		Home Phone	
Cell Phone		E-mail	
Address		Work Phone	
		Citizenship	

SIBLING INFORMATION IN RICHMOND SCHOOL DISTRICT

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

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	Date of Signature