



| OFFICE USE ONLY   |   |  |  |
|---|---|--|--|
| True North ID   |   | School Year  | 2025-2026  |
| 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   | 02-September-2025  |
| 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   |   |  |  |
| Canada Cell Phone   |   | International Phone  |  |
| Email   |   |  |  |
| Previous Country  |   | Previous School Name/City                                      |  |
| School Status   | New international student (funding <u>ineligible</u> )  | Prev Schl End Date   | 30-June-2025   |
| Citizenship   | <input type="checkbox"/> Study Permit Holder<br><input type="checkbox"/> Visitor Visa Holder<br><input type="checkbox"/> eTA Holder<br><input type="checkbox"/> Non-resident Canadian<br><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)<br><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.<br><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 |   |  |  |
| PARENT (1) / LEGAL GUARDIAN (1) INFORMATION                         |   |  |  |
| Legal First Name  |   | Relationship   |  |
| Legal Last Name   |   | Home Phone   |  |
| Email   |   | Cell Phone   |  |
| Residential Address   |   | Work Phone   |  |
| PARENT (2) / LEGAL GUARDIAN (2) INFORMATION                         |   |  |  |
| Legal First Name  |   | Relationship   |  |
| Legal Last Name   |   | Home Phone   |  |
| Email   |   | Cell Phone   |  |
| Residential Address   |   | Work Phone   |  |

**CUSTODIAN INFORMATION***(The adult over the age of 25, either Canadian or Permanent Resident, living within a reasonable distance from the student at all times.)***Do you have a RIE-arranged custodian?**

- ☐ Yes. You can skip this section.  
☐ No. Please complete CUSTODIAN INFORMATION below.

|                     |  |              |  |
|---------------------|--|--------------|--|
| Legal First Name    |  | Relationship |  |
| Legal Last Name     |  | Home Phone   |  |
| Email               |  | Cell Phone   |  |
| Residential Address |  | Work Phone   |  |
|                     |  | Citizenship  |  |

**RESPONSIBLE ADULT INFORMATION***(The adult over the age of 25, either the accompanying parent/legal guardian, RIE-arranged homestay or privately arranged, living with the student in the same address in Canada at all times.)***Do you have a RIE-arranged homestay family?**

- ☐ Yes. You can skip this section.  
☐ No. Please complete RESPONSIBLE ADULT INFORMATION below.

|                     |  |              |  |
|---------------------|--|--------------|--|
| Legal First Name    |  | Relationship |  |
| Legal Last Name     |  | Home Phone   |  |
| Email               |  | Cell Phone   |  |
| Residential Address |  | Work Phone   |  |
|                     |  | Citizenship  |  |

**SIBLING INFORMATION IN RICHMOND SCHOOL DISTRICT**

**Does the student have siblings studying in Richmond School District?**

- ☐ Yes  
☐ No

If Yes, please list the siblings in Richmond School District.

|          |  |            |  |       |  |
|----------|--|------------|--|-------|--|
| 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/legal guardians 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, Refugees and Citizenship Canada (IRCC), Canada Border Services Agency (CBSA), and/or other authorities in Canada and in home country.*

|  |  |
|--|--|
| Parent(1)/Legal Guardian (1) e-Signature | Parent(2)/Legal Guardian (2) e-Signature |
| Parent (1)/Legal Guardian (1) Print Name | Parent (2)/Legal Guardian (2) Print Name |
| Date of Signature                        | Date of Signature                        |