

# Brooklyn District School

## Newport, N.S.

### B0N 2A0

To: Parent/Guardians  
 From: Brenda Newcombe, Principal  
 Date: January 5, 2017

Re: Primary Enrollment for September 2017

In order to plan for the next school year, we would like to obtain an estimate of the number of children who will begin school in the fall. A child must be five years of age on or before December 31, 2016 to be eligible to start school in September 2016. If you have a child who will be starting school, please complete the form below and return it to the school by **January 17, 2017**.

If you know of someone who will be sending their child to school for the first time, and haven't any other children presently in school, please ask them to phone (757-4120) and register.

**In order for your child to enter school this coming September, a copy of your child's Birth Certificate is required for registration day in April. If you need information on where to order the certificate please contact the school.**

Please detach and return to the school office by January 17<sup>th</sup>, 2017.

-----

Legal Name of Child: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Gender: Male/Female (circle one)**  
(Month) (Day) (Year)

Mother: \_\_\_\_\_  
(Last Name) (First Name)

Father: \_\_\_\_\_  
(Last Name) (First Name)

Child resides with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_

House # \_\_\_\_\_ Highway/Road \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Village: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**If the child you are registering for Primary 2017 has a sibling or neighbor already in Brooklyn District School please give their full name, Bus number & Bus Driver:**

**Name:** \_\_\_\_\_ **Bus#/Driver:** \_\_\_\_\_