

**FUNDING ELIGIBLE REGISTRATION FORM**

**Student Information:**

English Language Assistance: 604-543-3060

Last Name: \_\_\_\_\_

Male

Female

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Other Name(s): \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Year Month Day*

Last Country of Residence: \_\_\_\_\_

Language(s) Spoken: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Siblings registered at the ELL Welcome Centre:

1. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Intl. Student #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Intl. Student #: \_\_\_\_\_

**Parent Information:**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_ Other Tel: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Registration of a student does not guarantee placement at their neighborhood school**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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