

# St. James-Assiniboia School Division



## Registration Form 2024

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Name of Child \_\_\_\_\_

Birthdate \_\_\_\_\_

Registered for Kindergarten at \_\_\_\_\_ School

Parent/Caregiver \_\_\_\_\_

Address \_\_\_\_\_

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

I may be contacted at:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Please return completed registration form to your local elementary school, or email it to [literacylinks@sjasd.ca](mailto:literacylinks@sjasd.ca)

