



School District 73  
(Kamloops/Thompson)  
**StrongStart BC Verification Form**

(This form is for children who have previously registered or are currently registered at another center.)

**Student Information**

Please complete all \* items.

\* Legal Last Name: \_\_\_\_\_

\* Legal First Name: \_\_\_\_\_

\* Usual Last Name: \_\_\_\_\_

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

\* Gender              Male       Female       Other

\*Care Card \_\_\_\_\_

**Please complete the items below if you have had a recent change of address.**

**Property Address**

Street # and Name: \_\_\_\_\_

Apt #: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mailing Address**

Same as property address:     Yes     No

If no, Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Currently enrolled at another StrongStart BC centre:  
 Yes     No

If yes, name of StrongStart BC centre:

\_\_\_\_\_