



Enrollment Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

## STUDENT INFORMATION

Legal **FIRST** Name \_\_\_\_\_ Legal **LAST** Name \_\_\_\_\_ Legal **MIDDLE** Name \_\_\_\_\_  
 Current Grade \_\_\_\_\_ Gender  Male  Female Date of Birth \_\_\_\_\_  
Day / Month / Year  
 Usual First Name \_\_\_\_\_ Usual Last Name \_\_\_\_\_ Usual Middle Name \_\_\_\_\_  
 Home Language \_\_\_\_\_ Language Most Used \_\_\_\_\_ First Language \_\_\_\_\_  
 BC Personal Health Number \_\_\_\_\_

## PROPERTY ADDRESS

Street # & Name \_\_\_\_\_  
 Apt # \_\_\_\_\_ RR #/PO Box \_\_\_\_\_ Postal Code \_\_\_\_\_  
 City/Municipality \_\_\_\_\_  
 Proof of Address Document \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Unlisted

## MAILING ADDRESS

Same as Property Address

Please complete if different than Property Address

Street # & Name \_\_\_\_\_  
 Apt # \_\_\_\_\_ Postal Code \_\_\_\_\_  
 City \_\_\_\_\_

## ADMISSION INFORMATION

Previous School/Program		
<input type="checkbox"/> First Time Entry	<input type="checkbox"/> French Immersion	<input type="checkbox"/> District Program
<input type="checkbox"/> Strong Start	<input type="checkbox"/> Montessori	<input type="checkbox"/> Transfer
<input type="checkbox"/> Fine Arts		

Previous School \_\_\_\_\_  
 Previous District \_\_\_\_\_  
 Previous City/Province \_\_\_\_\_  
 Previous School Phone # \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Surname	_____	_____	_____
First Name	_____	_____	_____
Relationship to Student	_____	_____	_____
Custody	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared	<input type="checkbox"/> Sole <input type="checkbox"/> Shared
Court Order in Effect?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parental Authority/ Guardian...	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls	<input type="checkbox"/> Lives with Student <input type="checkbox"/> Can Pick Up Student <input type="checkbox"/> Receives Mailing <input type="checkbox"/> Has Family Portal Access <input type="checkbox"/> Receives Email <input type="checkbox"/> Receives Auto Dialer Calls
<b>*If there are any custody arrangements with this student, legal documentation must be filed with the school</b>			
Home Phone	_____	_____	_____
Cell Phone	_____	_____	_____
Work Phone	_____	_____	_____
Work Place	_____	_____	_____
Email Address	_____	_____	_____
Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address	<input type="checkbox"/> Same as Student Address
<b>Property Address (if not living with student)</b>			
Street Address	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____
<b>Mailing Address (if different than property address)</b>			
Street Address	_____	_____	_____
RR#/PO Box	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____

**EMERGENCY CONTACT INFORMATION (IF PARENTS CAN'T BE REACHED)**

Emergency Contact			
Relationship			
Cell Phone			
Home Phone			
	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student	<input type="checkbox"/> Can pick up student <input type="checkbox"/> Lives with student

**SIBLING INFORMATION**

Legal Last Name				
Legal First Name				
Birth Date				
Relationship				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female

**STUDENT MEDICAL ALERTS (LIFE THREATENING CONDITIONS)**

Description of Condition \_\_\_\_\_  School Medical Plan Needed

\_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_ Name of Physician \_\_\_\_\_

**HEALTH ALERTS (NON-THREATENING MEDICAL CONDITIONS OR MEDICATIONS STUDENT MAY BE USING)**

Description of Condition \_\_\_\_\_

Is child currently on medication? If yes, please describe \_\_\_\_\_

**STUDENT LEGAL ALERTS (COURT ORDERS ON FILE)  Yes  No**

Description of Court Order(s) \_\_\_\_\_

\_\_\_\_\_

**OTHER FAMILY ALERTS**

Description of Family Alert(s) \_\_\_\_\_

\_\_\_\_\_

**CITIZENSHIP**

Country of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_  Refugee Entry Date Into Canada \_\_\_\_\_

Visa Status \_\_\_\_\_ Expiry \_\_\_\_\_  Work Permit Expiry \_\_\_\_\_  Study Permit Expiry \_\_\_\_\_

**ABORIGINAL ANCESTRY**

Is your child of Aboriginal Ancestry?  Yes  No

If yes, please select appropriate status

Metis  Status On Reserve  Band of Origin \_\_\_\_\_

Inuit  Status Off Reserve  Band of Residence \_\_\_\_\_

Non-Status  Status No. \_\_\_\_\_

**OTHER INFORMATION**

Past Assistance:  Learning Assistance  Educational Assessment  District Counsellor  Adaptations

Modifications  Individual Educational Plan  Hearing  Speech/Language

Physical Accommodation

Additional Information: \_\_\_\_\_

\_\_\_\_\_

- District Internet Agreement Form Completed (see attached)
- Release of Info/Photos/Media outside of District Form Completed (see attached)
- Enrollment Interview Completed

Date \_\_\_\_\_ Signature of Principal/Designate \_\_\_\_\_

**OFFICE USE ONLY**

Proof of Age (1 required)	Proof of Address (1 required)	Proof of BC Residency (1 required)
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Driver's License/Auto Registration	<input type="checkbox"/> Gas/Hydro Bill
<input type="checkbox"/> Passport	<input type="checkbox"/> Lease/Rental Agreement	<input type="checkbox"/> BC Services Card/Carecard
Verified by _____	Date _____	
<small>(SD73 Employee Signature)</small>		