



Student Enrolment Form

Enrolling School Name _____

Student Information

Gender: _____

Legal Last Name: _____

Legal First Name: _____

Usual Last Name: _____

Preferred First Name: _____

Legal Middle Name(s): _____ None

Date of Birth: _____
Day / Month / Year

Proof of Age Provided, for File: _____
(Document Name)

Home Phone: _____

Student E-mail: _____

Property Address

Street: _____

Apt.#: _____ Postal Code: _____

City/Municipality: _____

Proof of Address Provided: _____
(Document Name)

Mailing Address

Same as Property Address: Yes No

If Not, Mailing Address: _____

Admission Information

Enrolment Date: _____ Grade: _____

Previous School/Program

First Time Entry French Immersion Montessori

District Program Strong Start

Transfer Fine Arts

Previous School/District

Previous City/Province: _____

Previous District: _____

Previous School: _____

Previous School Phone Number: _____

Citizenship

Country of Birth: _____

Citizenship: _____

Refugee

Entry Date into Canada: _____

Visa Status: _____ Expiry: _____

Copy to be Placed in File:

Work Permit Expiry: _____

Study Permit Expiry: _____

Aboriginal Ancestry

Is your child of Aboriginal Ancestry? Yes No

If yes, then select:

Status Off Reserve Métis Inuit

Status On Reserve Non-Status Other: _____

Band of Residence: _____

DIA #: _____

Parent/Guardian Contact #1

Relationship to Child: _____

Last Name: _____

First Name: _____

Living with Student? Different address from Student:

Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____

Work Phone #: _____ Available at Work

E-mail Address: _____

Parent/Guardian Contact #2

Relationship to Child: _____

Last Name: _____

First Name: _____

Living with Student? Different address from Student:

Address (if different): _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____

Work Phone #: _____ Available at Work

E-mail Address: _____

If parents/guardians do not wish to receive email notifications from the school, please notify the school in writing.

Custody Information

Is there a Court Order in effect? Yes No

If yes: Parental Ministry

If Ministry: Continuing Custody Order Temporary Custody Order Voluntary Custody Order

If there are any custody arrangements for this student, legal documentation must be filed with the school.

Family Alert

Description of Family Alert(s): _____

Siblings (Include siblings who are attending a different school)

Last Name:	1. _____	2. _____	3. _____	4. _____
First Name:	_____	_____	_____	_____
Relationship:	_____	_____	_____	_____
Birth Date:	_____	_____	_____	_____
School:	_____	_____	_____	_____

Emergency Contacts

Note: Parents should contact all emergency contacts listed below to ensure that they know they are being listed as an emergency contact.

Emergency Contact #1

Relationship to Child: _____

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Place: _____

Work Phone #: _____

Permission to pick up student: Yes No

Emergency Contact #2

Relationship to Child: _____

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Work Place: _____

Work Phone #: _____

Permission to pick up student: Yes No

Medical Information

Doctor: _____ Phone #: _____ BC Services Card #: _____

Allergies: _____ Life Threatening

Other Health Factors: _____ Life Threatening

Is this child currently on medication: Yes No If yes, describe: _____

Alternate Contacts

Note: Alternate Contacts are individuals/organizations who will be picking the student up from school or dropping the student off at school. This may include daycare, babysitters or other care providers.

Pick Up Drop Off

Address: _____

Contact Name: _____

Contact Phone #: _____

Pick Up Drop Off

Address: _____

Contact Name: _____

Contact Phone #: _____

Other Information

Language Spoken at Home: English Other: _____

Past Assistance: Learning Assistance Vision Accommodations Hearing Accommodation
 Educational Assessment Learning Adaptations/Modification Speech/Language
 District Counsellor Inclusive Educational Plan Physical Accommodation

Additional Information: _____

The information provided by you is collected for the use of the school and public health personnel and will not be used for any other purpose without prior approval.

Initial I give my consent for the release of my name, phone number and address for school communication purposes, such as Parent Advisory Council, Safe Arrival Program and Classroom Phoning Committee, etc. (as applicable).

Initial I give my consent for the publication of my child's name, photograph and comments, for school purposes, in the school yearbook or newsletter or the school website, and on occasion, in the school district calendar, annual report or in the news media.

Initial I give my consent for my child to participate in neighbourhood, curriculum-based off school ground activities.

Parent Signature

Date

For Office Use Only

Proof of Age (1 required)

Birth Certificate

Passport

Proof of Address (1 required)

Driver's License/Auto Registration

Lease/Rental/Purchase Agreement

Gas/Hydro Bill

Proof of BC Residency (1 required)

BC Services Card

District Internet Agreement completed

Enrolment Interview completed

Copy of Custody Court Order (if applicable)

Principal/Designate

Date