



# STUDENT ENROLLMENT FORM

Enrolling School: \_\_\_\_\_

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

## MAILING ADDRESS

Same as Property Address

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

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

## SIBLING INFORMATION (ONLY SCHOOL AGED IN BC)

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 ONLY)

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: \_\_\_\_\_

\_\_\_\_\_

## PERMISSIONS

*The information contained on this form is collected under the authority of the School Act, Section 13 and 79. This information will be used for educational programming and administrative purposes, and when required, may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act (FIOPPA). If you have any questions about the information recorded on this form, please contact your School Administrator.*

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

- 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/Purchase Agreement	<input type="checkbox"/> BC Services Card/CareCard
Verified by _____	Date _____	

(SD73 Employee Signature)