



Student Enrollment Form

Enrolling School Name: _____

Student Information

Gender Male Female

Legal Last Name: _____

Legal First Name: _____

Usual Last Name: _____

Preferred First Name: _____

Legal Middle Name(s): _____ None

Date of Birth: _____

Proof of Age Provided: _____
Day/ Month/ Year/ (Document Name)

Home Phone: _____

Property Address

Street # and Name: _____

Apt.# _____

City/Municipality: _____

Postal Code: _____

Mailing Address:

Same as Property Address: Yes No

If No, Mailing Address: _____

Student e-mail: _____

Admission Information

Enrollment Date: _____ Grade: _____

Previous School/Program

- First Time Entry
- Strong Start
- Transfer
- French Immersion
- Montessori
- Fine Arts
- District Program

Previous School/District

Previous City/Province: _____

Previous District: _____

Previous School: _____

(School Phone Number): _____

Immigration

Birthplace: _____
(City) (Province) (Country)

Citizenship: _____

First Language Spoken: _____

Language Spoken at Home: _____

Proof of BC Residency: _____
(Document Name)

Aboriginal Ancestry

Is your child of Aboriginal Ancestry? Yes No

If yes, then select:

- Status Off Reserve
- Status On Reserve
- Metis
- Inuit
- Non-Status

• Band of Residence: _____

• DIA #: _____

Custody Information: Is there a Court Order in effect? Yes , No

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

Parent/Guardian **Emergency Contact #1**

Relationship: _____ Title: _____

Last Name: _____

First Name: _____

Living with Student? Different address from student:

Address (if different): _____

Home Phone #: _____ Cell #: _____

Place of Employment: _____

Work Phone Number: _____ Available at Work

E-Mail Address: _____

Parent/Guardian **Emergency Contact #2**

Relationship: _____ Title: _____

Last Name: _____

First Name: _____

Living with Student? Different address from student:

Address (if different): _____

Home Phone #: _____ Cell #: _____

Place of Employment: _____

Work Phone Number: _____ Available at Work

E-Mail Address: _____

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 #3

Relationship: _____

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____ Cell #: _____

Work Place: _____

Work Phone: _____

Permission to pick up student: Yes No

Emergency Contact #4

Relationship: _____

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____ Cell #: _____

Work Place: _____

Work Phone: _____

Permission to pick up student: Yes No

Medical Information

Doctor: _____ Phone #: _____ Care Card #: _____

Allergies: _____ Life Threatening?

Other Health Factors: _____ Life Threatening?

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

Alternate Address

NOTE: Alternate Addresses are for anyone 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 No: _____

Alternate Address

Pick Up Drop Off

Address: _____

Contact Name: _____

Contact Phone No: _____

Other Information

- | | | | |
|------------------|--|---|--|
| Past Assistance: | <input type="checkbox"/> Learning Assistance | <input type="checkbox"/> Educational Assessment | <input type="checkbox"/> District Counsellor |
| | <input type="checkbox"/> Adaptations | <input type="checkbox"/> Modifications | <input type="checkbox"/> Individual Educational Plan |
| | <input type="checkbox"/> Hearing | <input type="checkbox"/> Speech /Language | <input type="checkbox"/> 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.

- 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).
- I give my consent for the publication of my child's name, photograph and comments, for school purposes, in the school year-book or newsletter or the school website, and on occasion, in the school district calendar, annual report or in the news media.
- I give my consent for my child to participate in neighbourhood, curriculum-based off school ground activities.

Parent Signature _____

Date _____

- District Internet Agreement completed
- Enrollment Interview completed

Principal/Designate: _____

Date: _____