



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
*If there are any custody arrangements with this student, legal documentation must be filed with the school			
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
Property Address (if not living with student)			
Street Address	_____	_____	_____
City	_____	_____	_____
Province	_____	_____	_____
Mailing Address (if different than property address)			
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)		