



Enrollment Form

STUDENT

ALERT

Legal last name
Legal first name
Usual last name
Preferred first
Middle names
Gender (M/F)
Date of birth (DD/MM/YYYY)
Proof of age document
Home telephone

Date
Grade

PREVIOUS SCHOOL

District
School
Address
Telephone

PROPERTY ADDRESS

Address
Apt
Municipality
Province
Postal code

ABORIGINAL ANCESTRY INFORMATION

No Yes
If yes: Status Non status
Band name Status number

STUDENT'S RECEIVED THE FOLLOWING SERVICES

special education support (IEP) learning assistance
occupational therapy behavioural support (IEP)
speech therapy gifted

MEDICAL INFORMATION

Doctor's name
Telephone
CareCard number
Visual impairment (Y/N)
Problem description
Eyeglasses (Y/N) Contact lenses (Y/N)
Hearing impairment (Y/N) Hearing aid (Y/N)
Allergies (Y/N) EpiPen (Y/N)
If yes, please list allergies and required treatment

LANGUAGES & OTHER INFORMATION

First language
Language spoken at home
Language most used
Country or province of birth
City of birth
Citizenship
Immigration status

AUTHORIZATIONS

I accept that information about my child (name, address, grade, telephone, pictures, audio and video recordings) be released, if necessary, for the following school-related activities:

P.A.C. (telephone directory) (Y/N)
School transportation (Y/N)
School pictures (Y/N)
Website (Y/N)
Media (TV, radio, newspaper) (Y/N)
Field trips (Y/N)

Asthma (Y/N) Bronchodilator (Y/N)
Medication
Diabetes (Y/N) Requires insulin (Y/N)
Epilepsy (Y/N) Type
Medication
Heart condition (Y/N)
Problem description
Is your child able to fully participate in the school's physical education program? (Y/N)
Other pertinent information

I certify that the information on this form is correct.

Parent / Guardian signature

Date

The information on this form is collected under the authority of the British Columbia School Act. Information is used by the District for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.



Enrollment Form

PARENT / GUARDIAN

Custody _____

Student lives with _____

1. Relationship _____
 Last name _____
 First name _____
 Lives with student (Y/N) _____
 Same address as student ___ (Y/N) _____
 If not, address _____

 Speaks French ___ (Y/N) _____
 Other languages _____
 Copy of correspondence (Y/N) _____
 Willing to volunteer (Y/N) _____
 Home telephone _____
 Work telephone _____
 Available at work (Y/N) _____
 Cellular telephone _____
 Emergency contact___ (Y/N) Can pick up ___ (Y/N) _____
 If yes, call sequence in case of emergency _____

2. Relationship _____
 Last name _____
 First name _____
 Lives with student (Y/N) _____
 Same address as student ___ (Y/N) _____
 If not, address _____

 Speaks French ___ (Y/N) _____
 Other languages _____
 Copy of correspondence (Y/N) _____
 Willing to volunteer (Y/N) _____
 Home telephone _____
 Work telephone _____
 Available at work (Y/N) _____
 Cellular telephone _____
 Emergency contact___ (Y/N) Can pick up ___ (Y/N) _____
 If yes, call sequence in case of emergency _____

SIBLINGS

Last name	1. _____	2. _____	3. _____	4. _____
First name	_____	_____	_____	_____
Relationship	_____	_____	_____	_____
Date of birth	_____	_____	_____	_____
Gender	_____ (M/F)	_____ (M/F)	_____ (M/F)	_____ (M/F)
School	_____	_____	_____	_____

EMERGENCY CONTACTS (exclude parents / guardians and specify an emergency contact outside of the province, if possible)

1. Last name _____
 First name _____
 Relationship _____
 Home telephone _____
 Work telephone _____
 Cellular telephone _____
 Languages spoken _____
 Call sequence in case of emergency___Can pick up_____(Y/N) _____

3. Last name _____
 First name _____
 Relationship _____
 Home telephone _____
 Work telephone _____
 Cellular telephone _____
 Languages spoken _____
 Call sequence in case of emergency___Can pick up_____(Y/N) _____

2. Last name _____
 First name _____
 Relationship _____
 Home telephone _____
 Work telephone _____
 Cellular telephone _____
 Languages spoken _____
 Call sequence in case of emergency___Can pick up_____(Y/N) _____

4. Last name _____
 First name _____
 Relationship _____
 Home telephone _____
 Work telephone _____
 Cellular telephone _____
 Languages spoken _____
 Call sequence in case of emergency___Can pick up_____(Y/N) _____