



Enrollment Form

STUDENT

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 _____

MAILING ADDRESS (if different from property address)

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)

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.

ABORIGINAL ANCESTRY INFORMATION

___ No ___ Yes Name of Nation of origin _____
 If yes ___ Off reserve (Nation or community) _____
 ___ On reserve (Nation or community) _____

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)
 Problem description _____
 Allergies ___ (Y/N) EpiPen ___ (Y/N)
 If yes, please list allergies and required treatment

 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 _____

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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)
 Home telephone _____
 Work telephone _____
 Cellular telephone _____
 Email _____
 Emergency contact _____

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)
 Home telephone _____
 Work telephone _____
 Cellular telephone _____
 Email _____
 Emergency contact _____ (Y/N)

Can pick up ____ (Y/N)

Can pick up ____ (Y/N)

If yes, call sequence in case of emergency

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)

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)

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)

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)