



### 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 Name of Nation of origin \_\_\_\_\_  
 If yes \_\_\_ Off reserve (Nation or community) \_\_\_\_\_  
 \_\_\_ On reserve (Nation or community) \_\_\_\_\_

**MAILING ADDRESS** (if different from property address)

\_\_\_\_\_  
 \_\_\_\_\_

**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  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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	<b>1.</b> _____	<b>2.</b> _____	<b>3.</b> _____	<b>4.</b> _____
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)