

**Student Enrolment Form****Student Information**

Gender: \_\_\_\_\_  
Legal Last Name: \_\_\_\_\_  
Legal First Name: \_\_\_\_\_  
Usual Last Name: \_\_\_\_\_  
Preferred First Name: \_\_\_\_\_  
Legal Middle Name(s): \_\_\_\_\_ ☐ None  
Date of Birth: \_\_\_\_\_  
Proof of Age Provided, for File: ☐ \_\_\_\_\_ Day/Month/Year  
(Document Name)  
Home Phone: \_\_\_\_\_  
Student E-Mail: \_\_\_\_\_

**Property Address**

Street: \_\_\_\_\_  
Apt. # \_\_\_\_\_ Postal Code: \_\_\_\_\_  
City/Municipality: \_\_\_\_\_  
Proof of Address Provided: ☐ \_\_\_\_\_  
(Document Name)

**Mailing Address**

Same as Property Address: ☐ Yes ☐ No  
If Not, Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Admission Information**

Enrolment Date: \_\_\_\_\_ Grade: \_\_\_\_\_

**Previous School/Program**

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

**Previous School/District**

Previous City/Province: \_\_\_\_\_  
Previous District: \_\_\_\_\_  
Previous School: \_\_\_\_\_  
Previous School Phone Number: \_\_\_\_\_

**Citizenship**

Country of Birth: \_\_\_\_\_  
Citizenship: \_\_\_\_\_  
☐ Refugee  
Entry Date into Canada: \_\_\_\_\_  
Visa Status: \_\_\_\_\_ Expiry: \_\_\_\_\_  
Copy to be Placed in File:  
☐ Work Permit Expiry: \_\_\_\_\_  
☐ Study Permit Expiry: \_\_\_\_\_

**Aboriginal Ancestry**

Is your child of Aboriginal Ancestry? ☐ Yes ☐ No  
If yes, then select:  
☐ Status Off Reserve ☐ Métis ☐ Inuit  
☐ Status On Reserve ☐ Non-Status ☐ Other: \_\_\_\_\_  
Band of Residence: \_\_\_\_\_  
DIA # \_\_\_\_\_

**Parent/Guardian Contact #1**

Relationship to Child: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
☐ Living with Student? ☐ Different address from Student:  
Address (if different): \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ ☐ Available at Work  
E-mail Address: \_\_\_\_\_

**Parent/Guardian Contact #2**

Relationship to Child: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
☐ Living with Student? ☐ Different address from Student:  
Address (if different): \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_ ☐ Available at Work  
E-mail Address: \_\_\_\_\_

*If parents/guardians do not wish to receive email notifications from the school, please notify the school in writing*

**Custody Information**

Is there a Court Order in effect? ☐ Yes ☐ No  
If yes: ☐ Parental ☐ Ministry  
If Ministry: ☐ Continuing Custody Order ☐ Temporary Custody Order ☐ Voluntary Custody Order

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## 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 #1

Relationship to Child: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Work Place: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Permission to pick student up: ☐ Yes ☐ No

### Emergency Contact #2

Relationship to Child: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Work Place: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Permission to pick student up: ☐ Yes ☐ No

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## Medical Information

Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_ BC Services Card #: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Life Threatening ☐ Yes ☐ No  
Other Health Factors: \_\_\_\_\_ Life Threatening ☐ Yes ☐ No  
Is this child currently on medication: ☐ Yes ☐ No If yes, describe: \_\_\_\_\_

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## Alternate Contacts

**Note:** Alternate Contacts are individuals/organizations 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.

<input type="checkbox"/> Pick Up	<input type="checkbox"/> Drop Off	<input type="checkbox"/> Pick Up	<input type="checkbox"/> Drop Off
Address: _____		Address: _____	
_____		_____	
Contact Name: _____		Contact Name: _____	
Contact Phone #: _____		Contact Phone #: _____	

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## Other Information

Language Spoken at Home: ☐ English ☐ Other \_\_\_\_\_  
Past Assistance ☐ Learning Assistance ☐ Vision Accommodations ☐ Hearing Accommodation  
☐ Educational Assessment ☐ Learning Adaptations/Modification ☐ Speech/Language  
☐ District Counsellor ☐ Inclusive Educational Plan ☐ Physical Accommodation

Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs 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. If you have any questions about the information recorded on this form, please contact the School Administrator.**

\_\_\_\_\_  
Initial I give my consent for 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).

\_\_\_\_\_  
Initial I give my consent for the publication of my child's name, photograph and comments, for school purposes, in the school yearbook or newsletter or the school website, and on occasion, in the news media.

\_\_\_\_\_  
Initial I give my consent for my child to participate in neighbourhood, curriculum-based off school ground activities

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date