

Enrollment Form

STUDENT

Enrollment Date _____ **Grade** _____

Legal Last Name _____ RR# / PO Box _____

Legal First Name _____ Appart - No. & Street _____

Middle Names _____ City _____ Prov _____ Postal Code _____

Usual Last, First Name _____ Mailing Address (if different from property address) _____

Gender Male Female Date of birth _____ RR# / PO Box _____
(DD-MONTH-YYYY)

Proof of age document _____ Appart - No. & Street _____

Home Phone _____ City _____ Prov _____ Postal Code _____

Previous School _____ District _____ City _____ Grade _____

LEGAL ALERT -

Legal custody document included Custody _____ Child lives with _____

Description _____

MEDICAL ALERT(S) - Please include all conditions, illness or any other important information

Doctor's name _____ Phone _____ Carecard _____

Description _____ Life threatening

Medication ? _____

Asthma Diabetes Epilepsy Heart condition _____

Allergies EpiPen List _____

OTHER ALERT(S) - Health, Family or Other Information

Description _____

Wears glasses Wears contact lenses Hearing Impairment Hearing Aid

STATUS -

Country / Prov of birth _____ Citizenship _____

Immigration Status _____ Expiration date of visa _____

LANGUAGE - 1st Language _____ Spoken at home _____ Most used _____

ABORIGINAL ANCESTRY - Metis Inuit Off reserve On reserve Band name _____

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 :

Permission to walk home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Photographer (school pictures)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permission to use the Internet	<input type="checkbox"/> Yes <input type="checkbox"/> No	School transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Field trips	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parents association (PAC)	<input type="checkbox"/> Yes <input type="checkbox"/> No

SIBLINGS

Last Name, First _____	Relationship _____	Date de naissance _____
Last Name, First _____	Relationship _____	Date de naissance _____
Last Name, First _____	Relationship _____	Date de naissance _____
Last Name, First _____	Relationship _____	Date de naissance _____

PARENT / GUARDIAN INFORMATION

Last Name, First _____
 Relationship _____
 Male Female Parental Authority / Gardian
 Can pick up student Lives with student
 Can receive : Calls Emails Report card
 Can volunteer Access to school portal
 Call sequence _____ Home Ph. _____
 Cell _____
 Want to receive Info-Pionniers
 Work _____ Ext. _____

Property Address (if different from the child)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
Mailing Address (if different)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
 Other format _____
 Email _____
 Speak French Other languages _____

PARENT / GUARDIAN INFORMATION

Last Name, First _____
 Relationship _____
 Male Female Parental Authority / Gardian
 Can pick up student Lives with student
 Can receive : Calls Emails Report card
 Can volunteer Access to school portal
 Call Sequence _____ Home Ph : _____
 Cell _____
 Want to receive Info-Pionniers
 Work _____ Ext. _____

Property Address (if different from the child)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
Adresse postale (if different)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
 Other format _____
 Email _____
 Speak French Other languages _____

PARENT / GUARDIAN INFORMATION

Last Name, First _____
 Relationship _____
 Male Female Parental Authority / Gardian
 Can pick up student Lives with student
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Property Address (if different from the child)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
Adresse postale (if different)
 Appart - No. & Street _____
 City _____ Prov _____ Postal Code _____
 Other format _____
 Email _____
 Speak French Other languages _____

EMERGENCY CONTACTS INFORMATION (exclude parents / gardians)

1 - Last Name, First _____	Home Ph. _____	Work Ph. _____
Relationship _____	Cell Ph. _____	<input type="checkbox"/> Can pick up student
2 - Last Name, First _____	Home Ph. _____	Work Ph. _____
Relationship _____	Cell Ph. _____	<input type="checkbox"/> Can pick up student
3 - Last Name, First _____	Home Ph. _____	Work Ph. _____
Relationship _____	Cell Ph. _____	<input type="checkbox"/> Can pick up student
4 - Last Name, First _____	Home Ph. _____	Work Ph. _____
Relationship _____	Cell Ph. _____	<input type="checkbox"/> Can pick up student

Signature of parent _____ **Date** _____

The information on this for mis 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.

