

School _____ Application Date _____ Requested Start Date _____

STUDENT INFORMATION

Legal Last Name _____	Student Home Phone _____	Unlisted? <input type="checkbox"/>
Legal First Name _____	Student Cell Phone _____	
Legal Middle Name _____	Student E-Mail Address _____	
Usual Last Name _____	Home Street Address _____	
Usual First Name _____	RR Number / PO Box _____	Apt. # _____
Usual Middle Name _____	City _____	Prov. _____ PC _____
Legal Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Mailing Address _____	
Preferred Gender Male <input type="checkbox"/> Female <input type="checkbox"/> Undefined <input type="checkbox"/>	(if not the same) _____	
Date of Birth _____	City _____	Prov. _____ PC _____
Proof of Age _____	Proof of Address _____	Verified by Office <input type="checkbox"/>

Photocopy Attached
i.e.: Birth Certificate, BC Services Card, Passport, Perm. Resident Card, BC ID, etc.

i.e.: Mortgage, Rental Agreement, Driver's License, Utility Bill, etc.

Previous School _____ District # _____ City _____ Prov. _____ Country _____
Out-of-Catchment Out-of-District Last School Grade _____ Care Card # _____

PARENT/GUARDIAN INFORMATION

Name _____	Relationship _____	Contact lives with student? <input type="checkbox"/>
Cell Phone _____	Work Phone _____	Parent or Guardian? <input type="checkbox"/>
E-Mail Address _____		Contact has MyEdBC access? <input type="checkbox"/>
Can pick up student? <input type="checkbox"/>		Receive mailings? <input type="checkbox"/>

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Cell Phone _____	Work Phone _____	Parent or Guardian? <input type="checkbox"/>
E-Mail Address _____		Contact has MyEdBC access? <input type="checkbox"/>
Can pick up student? <input type="checkbox"/>		Receive mailings? <input type="checkbox"/>

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Cell Phone _____	Work Phone _____	Parent or Guardian? <input type="checkbox"/>
E-Mail Address _____		Contact has MyEdBC access? <input type="checkbox"/>
Can pick up student? <input type="checkbox"/>		Receive mailings? <input type="checkbox"/>

EMERGENCY CONTACT INFORMATION (Other than Parent)

Contact 1 _____	Work Phone _____	Cell Phone _____
Contact 2 _____	Work Phone _____	Cell Phone _____
Contact 3 _____	Work Phone _____	Cell Phone _____
Out-of-District Contact _____	Work Phone _____	Cell Phone _____

SIBLING INFORMATION

Name _____ School _____ Grade ____ Home Phone # _____
 Name _____ School _____ Grade ____ Home Phone # _____
 Name _____ School _____ Grade ____ Home Phone # _____
 Name _____ School _____ Grade ____ Home Phone # _____

STUDENT LEGAL ALERT - Copy of Court Order received? _____

Student has **LIFE THREATENING** Medical Alerts? _____

Circle: Diabetes / Severe Allergy / Severe Asthma / Seizure Disorder / Hemophilia / Other (Please Specify) _____
 (Note: Please complete the appropriate school medical form) i.e.: Nursing Support Services

Does your child require medication to be administered at school? _____

OTHER STUDENT ALERTS – Health (vision, hearing, physical limitations, etc.), Family, other _____

SPECIAL EDUCATION / LEARNING SUPPORT

Does the student require any Special Education / Learning Support services? _____

Student has received services through the CDC Other Agency _____

Have you signed the Exchange of Information form allowing us to receive reports from these agencies?

Student requires support for Social/Emotional Academics Behaviour Physical

Student has Ministry of Education Special Needs designation Learning needs? _____

CITIZENSHIP

Country of Birth _____ Country of Citizenship _____

Citizenship Code: Canadian International (Ministry funding eligible) International Student Ed Program (Not eligible for Ministry funding)
 Permanent Resident/Landed Immigrant Refugee

** Non-Canadians must bring this form to SWIS office at 101-319 Selby Street for Authorization to Register for Ministry Funding*

LANGUAGE and CULTURE

Home Language _____ First Language _____

Aboriginal Ancestry Circle: Status / On Reserve / Off Reserve / Métis / Inuit

Status Card Number _____ Band of Residence _____

PERMISSIONS

Release of information/photos outside of district? Allow internet access?

Permission to walk home? Send e-mail and auto dialer calls?

The information on this form is collected under the authority of the School Act, Section 13 and 79. The information provided will be used for educational program 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 your School Administrator.

Parental or Guardian Signature _____

NOTE: Applicants 18 years of age and under require Parent or Guardian signature