

District Program _____

Grade: _____

(if applicable)

School of Choice: 1st _____ 2nd _____ Catchment School: _____

Division: _____

LEGAL SURNAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

NOTE: The name must appear as it does on the birth certificate (Do not abbreviate).

PREFERRED NAME: _____ HOME PHONE # _____

(if different from above)

ADDRESS: _____ Postal Code: _____

Mailing address (if different from above) _____ Postal Code: _____

BIRTHDATE: _____ DAY / MONTH / YEAR MALE _____ FEMALE _____ Country of Birth: _____

NAME OF LAST SCHOOL ATTENDED _____ YEAR _____

CANADIAN CITIZEN: YES _____ NO _____ or Landed Immigrant status? YES _____ NO _____ If NO, indicate status _____

Home Language: _____ Have you received ELL Support? Yes _____ No _____ Years of Service: _____

Is Student of Aboriginal ancestry? Yes _____ No _____ If yes indicate: ☐ Status or ☐ Non-Status: ☐ Metis or ☐ Inuit

IS THERE A LEGAL DOCUMENT IN FORCE ACCESSING LIMITATIONS THAT THE SCHOOL SHOULD BE AWARE OF?

NO _____ / YES _____ IF YES, A COPY OF THE LEGAL DOCUMENTS MUST BE SUBMITTED TO THE OFFICE.

LIVING WITH: Both Parents _____ Mother Only _____ Father Only _____ Guardian _____

PARENT/GUARDIAN FULL NAME (1) _____ Relationship to Student _____

Parent/Guardian Phone #'s (Home) _____ (Cell) _____ (Work) _____ Employer: _____

Email: _____

Address (if different from Section A above) _____ Postal Code: _____

PARENT/GUARDIAN'S FULL NAME (2) _____ Relationship to Student _____

Parent/Guardian Phone #'s (Home) _____ (Cell) _____ (Work) _____ Employer: _____

Email: _____

Address (if different from Section A above) _____ Postal Code: _____

SIBLING(S) Name: _____ D.O.B. _____ School: _____

Name: _____ D.O.B. _____ School: _____

EMERGENCY FIRST CONTACT: NAME _____

(Must be someone **other than** listed in Section B above)

Relationship to Student: _____ PHONE #'s: (Home) _____ (Cell) _____ (Work) _____

EMERGENCY SECOND CONTACT: NAME _____

(Must be someone **other than** listed in Section B above)

Relationship to Student: _____ PHONE #'s: (Home) _____ (Cell) _____ (Work) _____

MEDICAL INFORMATION:

Care Card # _____ Is there any current or ongoing medical problem and history? _____

Is it a life threatening condition? Yes _____ No _____ Name of Medication if required: _____

IF YES TO THE ABOVE, AN ADDITIONAL MEDICAL INFORMATION FORM IS REQUIRED

Please complete on reverse

Section A

Section B

STUDENTS REQUIRING SPECIAL SERVICES

Does your son/daughter require special services? YES ____ NO ____

If yes, please answer the questions below to help us meet the needs of your son/daughter.

1. Does your son/daughter have any special learning needs or physical disabilities? Please describe: _____

2. Has your son/daughter received any of the following services at any time?

☐ Learning Assistance

☐ Support Teacher/Individual Education Plan (IEP)

Records Provided:

The following records, as applicable to the individual must be available before a student with special needs is programmed:

IEP ☐

Assessment ☐

School Reports ☐

PERMISSION FOR RELEASE OF INFORMATION

As Parent/Guardian of: _____
(Student Name)

whose birth date is _____ Grade: _____

I hereby give approval for (previous school) _____
(Previous School Name)

(Address & Phone Number)

to provide or send any student information (PR Card, G-4 Folder, Passport to Education, Planning/Grad Transitions etc.) and/or confidential files concerning my above-named child to the following School:

School Name: _____

Address: _____ Postal Code: _____

Telephone: _____ Fax: _____

Parent/Guardian Signature: _____ Date: _____

I certify that the information I have provided on this form is correct.

The information on this form is collected under the authority of the *School Act*. Information is used for Ministry of Education reporting: demographic, enrolment, budget, facility, transportational and operational analyses. It will be kept secure and confidential, in accordance with the *Freedom of Information and Protection of Privacy Act*.

Office Use Only

Date Received: _____

Time: _____

Accepted: _____
Name of School

Transfer requested to: _____
Name of School

Start Date: _____ Student ID # _____ PEN _____

Student's supporting documents. *One of the following:*

☐ Birth Certificate ☐ Passport ☐ Nexus Pass ☐ Immigration Documents

Parent's proof of BC Residency. *Two of the following:*

☐ BC Driver's Licence ☐ BC Services Card/Care Card ☐ Mortgage or rental/lease agreement ☐ Municipal/Utility tax bill

____ Entered MyEd Administrator or Counsellor Signature _____