

School of Choice: 1st _____
2nd _____

Current Grade: _____
Desired start date: _____
Catchment School: _____

Student 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 than above)

Address: _____ Postal Code: _____

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

Birthdate: _____ Country of Birth: _____
day / month / year

Name of last school attended: _____ District: _____ Year: _____

Canadian Citizen: Yes ___ No ___ or Landed Immigrant status? Yes ___ No ___ If no, indicate status _____

Home Language: _____ Has student received ELL Support? Yes ___ No ___ Years of Service: _____

Is student of Aboriginal ancestry? Yes ___ No ___ If yes indicate: ___ Status ___ Non-Status: ___ Metis ___ 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 above) _____ Postal Code: _____

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

Parent/Guardian Phone #'s (home) _____ (cell) _____ (work) _____

Employer: _____ Email: _____

Address (if different from 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 above)

Relationship to student: _____ Phone #'s (home) _____ (cell) _____ (work) _____

EMERGENCY SECOND CONTACT: Name _____
(must be someone other than listed 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

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 us used for Ministry of Education reporting: demographic, enrolment, budget, facility, trnsportational 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: _____ Transfer requested to: _____

Start Date: _____ Student ID # _____ PEN _____

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

___ Birth Certificate ___ Passport ___ Nexus Pass ___ Immigration Documents

Parents 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 _____