



PLEASE PRINT CLEARLY

Requested Enrollment Date \_\_\_\_\_

**Please note the following enrolling priorities for Saanich School District 63**

- 1 - re-enrolling students\*
- 2 - siblings of re-enrolling students
- 3 - catchment area children
- 4 - non-catchment children
- 5 - out of district children

\*A child who, in the previous year, attended the school

<b>LEGAL First Name</b>		<b>LEGAL Family Name</b>		<b>LEGAL Middle Name</b>	No Legal Middle Name <input type="checkbox"/>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
USUAL Family Name(s) (if different)		PREFERRED First Name (if different)		<b>Age</b>	<b>Date of Birth:</b> ____ / ____ / ____ dd mm yyyy	
Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____					<b>Entering Grade:</b> _____	
<b>HOME ADDRESS</b>						
Street No.	Street Name	Apt. No.	City	Postal Code		
<b>Name of sibling(s) at this school</b> _____						
<b>BIRTHPLACE</b>		<b>For Office Use Only - CITIZENSHIP</b>				
Country of Birth: _____		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International - Funding Eligible <input type="checkbox"/> Int'l - Funding <b>Not Eligible</b> <input type="checkbox"/> Out of Prov Cdn - Funding <b>Not Eligible</b> <i>*For International applicants please complete the Provincial Funding Eligibility Checklist</i>				
Prov. of Birth: _____						
<b>Previous School &amp; District / StrongStart / Preschool</b>		Previous Grade:	Previous School Prov	Previous School Country	Phone ( )	Email:

<input type="checkbox"/> <b>PARENT</b>		<input type="checkbox"/> <b>MOTHER</b>		<input type="checkbox"/> <b>FATHER</b>		<input type="checkbox"/> <b>LEGAL GUARDIAN</b>		<input type="checkbox"/> <b>PARENT</b>		<input type="checkbox"/> <b>MOTHER</b>		<input type="checkbox"/> <b>FATHER</b>		<input type="checkbox"/> <b>LEGAL GUARDIAN</b>	
Last Name				First Name				Last Name				First Name			
Address (if not living with student)								Address (if not living with student)							
Work Phone ( )		Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Phone ( )		Ext / Local	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Home Phone ( )		Cell Phone ( )		Email Address	
Home Phone ( )		Cell Phone ( )		Home Phone ( )		Cell Phone ( )		Home Phone ( )		Cell Phone ( )		Email Address		Email Address	

<b>GUARDIAN</b>				<b>LIVES WITH</b>			
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> <b>COURT ORDER</b> (copy in student file) specify _____				<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (specify) by court order: _____			

<b>EMERGENCY CONTACTS if parents cannot be reached. Please only write one person per line, and they will be called in that order. Please indicate which of your emergency contacts is authorized to collect your child from school in the tick box.</b>					<input checked="" type="checkbox"/>
<b>Last Name</b>	First Name	Relationship	Home/Work Phone ( )	Cell Phone ( )	
<b>Last Name</b>	First Name	Relationship	Home/Work Phone ( )	Cell Phone ( )	
<b>Last Name</b>	First Name	Relationship	Home/Work Phone ( )	Cell Phone ( )	
<b>Last Name</b>	First Name	Relationship	Home/Work Phone ( )	Cell Phone ( )	

**PLEASE COMPLETE IF INDIGENOUS ANCESTRY**

- Metis       FN       Status – on reserve  
 Inuit       Status – off reserve  
 Non Status
- Prefer not to answer

**BAND OF RESIDENCE**

- 0652 - Pauquachin       0653 - Tsartlip  
 0654 - Tsawout       0655 - Tseycum  
 Other - No. \_\_\_\_\_ Name \_\_\_\_\_ DIA # \_\_\_\_\_

If Indigenous Ancestry would you like to :

- Yes, I give permission for my child to access programs and services from the Indigenous Education Program for the current school year.  
 No, I would like to decline services from the Indigenous Education Program for the current school year.

 Previous Special Ed Designation: category: \_\_\_\_\_

Other Learning Considerations:

Family Doctor's Name

Doctor's Phone  
(      )

STUDENT'S CARE CARD NO

**HEALTH FACTORS** Check if applicable

- Anaphylactic     Allergies     Asthma     Diabetes     Epilepsy     Other

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

Are any of these conditions

**LIFE THREATENING?**     Yes     No

Please specify: \_\_\_\_\_

**Other Health Conditions** which may require emergency care – please specify.**Please sign to certify that the above information is correct:**

Date

Signature of Parent or Legal Guardian

**DOCUMENTATION CHECKLIST***\*For International applicants, please complete the Provincial Funding Eligibility Checklist*

Canadian Citizen / Landed Immigrant / Permanent Residents must provide the following documentation at the time of registration:

**1. Student Identification**

- Birth Certificate OR  
 Valid Passport OR  
 Status Card

**If not Canadian we also require for both parent and student:**

- Permanent Resident Card OR  
 Certificate of Canadian Citizenship

**3. Parent Identification**

- Valid Passport OR  
 BC Driver's License and/or BC Services Card

**4. Student BC Services Card****5. Guardianship or Custody Documents****2. Proof of Residence: \*At least 2 of the documents must show current address**

Home Owners	Renters
Please provide <b>two</b> of the following: <input type="checkbox"/> Home purchase agreement <input type="checkbox"/> Property Tax Statement <input type="checkbox"/> Home insurance policy <input type="checkbox"/> Property assessment <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable)	<input type="checkbox"/> Rental Agreement signed by the landlord with landlord's contact information
<b>And one</b> of the following: <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> BC Driver's License and/or BC Services Card	<b>And two</b> of the following:: <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable) <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> Renter's insurance policy <input type="checkbox"/> BC Driver's License and/or BC Services Card

**FOR OFFICE USE**

- In Catchment  
 Out of Catchment  
 Out of District
- Address verified for catchment school  
 Birthdate corresponds with correct grade  
 Copy to Learning Services if support required

NOTES:

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