

Student # _____

Student Contact # _____

PEN # _____

Student Email _____



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

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

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

LIVES WITH
 Both Parents Mother Only Father Only Guardian Other – Please specify: _____
 COURT ORDER (copy required) specify _____ **NOTES:** _____

EMERGENCY CONTACTS if parents cannot be reached. Please only write one person per line, and they will be called in that order. PLEASE TICK THE BOX TO CONFIRM IF YOUR CONTACT IS AUTHORISED TO COLLECT YOUR CHILD FROM SCHOOL.					<input checked="" type="checkbox"/>
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	
Last Name	First Name	Relationship	Home/Work Phone ()	Cell Phone ()	
Last Name	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 or BCID

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 two 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
And one 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 or BCID	And two 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 or BCID

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:
