



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		For Office Use Only - CITIZENSHIP					
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 Not Eligible <input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible <i>*For International applicants please complete the Provincial Funding Eligibility Checklist</i>					
Prov. of Birth: _____		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) _____		Address (if not living with student) _____	
Work Phone () _____	Ext / Local _____	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone () _____
Home Phone () _____	Cell Phone () _____	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone () _____
Email Address _____		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:
