

Registration Date: _____	OFFICE USE ONLY	Enrollment Start Date: _____
Grade: _____ YOG: _____ Student #: _____	PEN: _____	French Program: Immersion Early <input type="checkbox"/> Late <input type="checkbox"/>
Registration Documentation: <input type="checkbox"/> Student Proof of Age: _____ <input type="checkbox"/> Student Proof of Citizenship: _____ <input type="checkbox"/> Parent Photo ID <input type="checkbox"/> Parent Proof of Citizenship: _____ <input type="checkbox"/> Proof of Guardianship: _____ <input type="checkbox"/> Proof of Address / Residence: _____		
Additional Documentation:		
Out of Catchment?: <input type="checkbox"/> Yes <input type="checkbox"/> No Non-Catchment Area Form <input type="checkbox"/> Non-District Form <input type="checkbox"/> District Placement <input type="checkbox"/> (sch code): [_____]		
Non-Catchment Area Request (sch code): [_____] Traditional School Request (sch code): [_____]		
TIME & DATE OF RECEIPT OF THIS FORM MUST BE RECORDED BY THE CATCHMENT AREA SCHOOL: _____		Staff Initial
Legal Restrictions For Access To Student? <input type="checkbox"/> (If yes, copy of legal document must be on file at school)		
Homeroom/Div. #: _____	Teacher Name: _____	Records Requested <input type="checkbox"/> Bus Student <input type="checkbox"/> Home Schooling <input type="checkbox"/>

PLEASE PRINT CLEARLY

PREVIOUS SCHOOL/DISTRICT (Including StrongStart)

District: _____ School Name: _____
 Province/Country: _____ School Language: _____

STUDENT INFORMATION

Legal First Name: _____ PREFERRED First Name: _____
 Legal Middle Name: _____ PREFERRED Middle Name: _____
 Legal Last Name(s): _____ PREFERRED Last Name: _____
 Home Phone Number: _____
 Gender: Female Male Birth Date: _____ Age: _____

CUSTODY INFORMATION

Custody: Both Parents Yes No If no, please indicate custody: _____
 Custody Order? Yes No (If Yes, copy is required) Student Living With: _____

STUDENT ADDRESS

Unit #: _____ House # and Street Name: _____
 City: _____ Province: _____ Postal Code: _____

MEDICAL INFORMATION / ALERTS

CareCard #: _____ Doctor's Name: _____ Phone #: _____
 Allergies/Health Conditions: _____
 Life Threatening?: _____ Other: _____
 Additional Health Information: _____

CITIZENSHIP / LANGUAGE & CULTURE

Country of Birth: _____ Country of Citizenship: _____
 If applicable, Visa Status: _____ Visa Exp. Date: _____ B.C. Entry Date: _____
 Home Language: _____ Language Most Used: _____ First Language: _____

PROGRAMS

ENGLISH LANGUAGE LEARNER (ELL) ELIGIBILITY: Students are eligible for ELL support when the primary language spoken at home is a language other than English and the student meets eligibility requirements after assessment.

Is your child within this category? Yes No

SPECIAL LEARNING NEEDS: Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child? Yes No

If Yes, please describe: _____

ABORIGINAL ANCESTRY

SELF VOLUNTEERED INFORMATION: ABORIGINAL EDUCATION PROGRAMS ARE AVAILABLE FOR STUDENTS OF ABORIGINAL ANCESTRY. Student is of Aboriginal Ancestry: Yes (Status Indian, Non Status Indian or Metis) **BAND:** _____

Information on this form is collected under the authority of the *School Act* and will be used for educational program purposes and when required may be provided to health services, social services or other support services as outlined in the *School Act*. The information collected is protected under the Freedom of Information and Protection of Privacy Act.

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES

Priority #1 Relationship: _____ **Priority #2 Relationship:** _____
First Name: _____ **First Name:** _____
Last Name: _____ **Last Name:** _____
Home Phone: _____ **Cell:** _____ **Home Phone:** _____ **Cell:** _____
Work phone: _____ **Work phone:** _____
Email: _____ **Email:** _____

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD DOES NOT RESIDE

Priority #3 Relationship: _____
First Name: _____ **Last Name:** _____
Home Phone: _____ **Cell:** _____ **Work phone:** _____
Email: _____ **Can pick up?** Yes No

IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, THE SCHOOL SHOULD CALL:

Priority #10 Relationship: _____ **Priority #11 Relationship:** _____
First Name: _____ **First Name:** _____
Last Name: _____ **Last Name:** _____
Home Phone: _____ **Cell:** _____ **Home Phone:** _____ **Cell:** _____
Work phone: _____ **Work phone:** _____
Email: _____ **Email:** _____
Can pick up? Yes No **Can pick up?** Yes No

SIBLING(S)

Sibling #1 Relationship: _____ **Sibling #2 Relationship:** _____ **Sibling #3 Relationship:** _____
Name: _____ **Name:** _____ **Name:** _____
Date of Birth: _____ **Date of Birth:** _____ **Date of Birth:** _____
Gender: _____ **Age:** _____ **Grade:** _____ **Gender:** _____ **Age:** _____ **Grade:** _____
School: _____ **School:** _____ **School:** _____

EMAIL COMMUNICATION

Canada’s new anti-spam legislation requires us to obtain your consent in order to provide you with the electronic information about many of the happenings and events occurring at your child’s school or within our school district. As a result, the Board of Education of School District No. 37 (Delta) would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions relevant to our students and families. Examples of such messages include information about field trips, fundraising, yearbooks, student pictures, dance tickets, hot lunches, Continuing Education programs, or similar events and offers.

If you wish to receive the above communications from us, please identify your consent below. Each parent/guardian must complete and sign below.

Guardian #1: Name (First and Last): _____ **Email:** _____

I DO consent to receive commercial electronic messages from the Delta School District

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** _____

Guardian #2: Name (First and Last): _____ **Email:** _____

I DO consent to receive commercial electronic messages from the Delta School District

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** _____

Guardian #3: Name (First and Last): _____ **Email:** _____

I DO consent to receive commercial electronic messages from the Delta School District

I DO NOT consent to receive commercial electronic messages from the Delta School District **Signature:** _____

You may change your consent at any time by signing into Parent Connect and selecting the appropriate option or by informing your school in writing (either via email or printed note) that you choose to no longer receive email communication from the school, school district or staff relating to messages that may contain advertising or promotions.

VERIFICATION – LEGAL PARENT / GUARDIAN

I certify that the information on this form is correct.

Parent / Guardian Name (Please print) _____ **Date:** _____

Parent/Guardian Signature

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

PARENT DECLARATION

As a parent or legal guardian (please attach copy of a BC court order appointing you as legal guardian), I understand that my child is entitled to receive a funded education from the Province of British Columbia (governed by the Ministry of Education) on the condition that I reside (i.e. primary residence) in the province of British Columbia throughout my child's educational life.

I understand that at least one parent or legal guardian has to remain in residence in British Columbia in order for my child to qualify for government funding. If not, I will be charged for my child's tuition fees according to the current rate for International Students.

I am (please)

- A Canadian Citizen
- Landed Immigrant / Permanent Resident
- Lawfully admitted into Canada under one of the following documents:
 - Admission as a refugee claimant
 - A person claiming refugee status
 - Study Permit for one or more years
 - Work Permit for one or more years
 - A person carrying out official duties as a diplomatic or consular official
 - Other – document description (must be cleared with Immigration Canada)
 - _____

And will be permanently residing in B.C. **WITH** my child at the following address:

I will not be residing elsewhere and will not be taking extended trips during the school year.

I am aware that by making a false statement, I will be liable for my child's educational costs at whatever the current rate of International Students fees which will be backdated from the date of this document. Please visit our International Student site for information:

<http://godelta.ca/>

Child(ren)'s Legal Name(s) (Please print in English): _____

Parent's/Legal Guardian's Legal Name (Please print in English): _____

Signature of Parent/Legal Guardian (Please sign in front of registrar): _____

Date: _____