

<p><b>Office Checklist:</b></p> <input type="checkbox"/> Spreadsheets updated <input type="checkbox"/> SLP Completed <input type="checkbox"/> BCeSIS <input type="checkbox"/> Programs Added <input type="checkbox"/> Student Added to Team(s) <input type="checkbox"/> E-mail added to Group
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**ENROLLMENT FORM**  
**K – 12 Fully Enrolled Students**

<b>FOR OFFICE USE ONLY: Student Assigned to:</b> Grade _____ Teacher _____	
PEN No. _____	Student No. _____
Date of Enrollment: _____	
Year _____	Month _____
Day _____	
Birth Certificate Photocopied and Verified by: _____	Last Grade completed : _____
Records Requested: <input type="checkbox"/> Yes	Signed Withdrawal Form (8 -12 students): <input type="checkbox"/> Yes
ESL Student: <input type="checkbox"/> Yes	ESD Student: <input type="checkbox"/> Yes
Aboriginal: <input type="checkbox"/> Yes	
Custody Concern: <input type="checkbox"/> Yes (Details) _____	Legal Documents Received <input type="checkbox"/> Yes
Copy of Supporting Documents: <input type="checkbox"/> Yes	Proof of BC Residency: <input type="checkbox"/> Yes (property tax notice or utility bill)
Student Authorization / Immigration Papers (non-Canadian only) <input type="checkbox"/> Yes	International Student: <input type="checkbox"/> Funding - Eligible
Textbook Deposit: <input type="checkbox"/> Yes	<input type="checkbox"/> Funding – Not Eligible

**\*\*The Ministry of Education requires all enrollments in LEGAL names\*\***

Gender:  Male  Female

**Requesting Enrolment in Grade \_\_\_\_\_ Intended Start Date: \_\_\_\_\_**

**LEGAL** Last Name: \_\_\_\_\_ **LEGAL** First Name: \_\_\_\_\_ **Usual** Last Name: \_\_\_\_\_

**Preferred** First Name: \_\_\_\_\_ **LEGAL** Middle Name: \_\_\_\_\_ **Preferred** Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone No: \_\_\_\_\_  Unlisted

Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Student Address: \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_ City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Student Mailing Address (if different from above): \_\_\_\_\_

**Student E-mail Address:** \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Previous School attended: \_\_\_\_\_ Previous City/Town: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Province of Birth: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Immigration Status: \_\_\_\_\_

Home Language:  English  French  Other (indicate other) \_\_\_\_\_

Aboriginal Ancestry <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, fill in the appropriate information) <input type="checkbox"/> Status – On Reserve
Band of Residence _____ <input type="checkbox"/> Status – Off Reserve <input type="checkbox"/> Metis <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Status

Special Needs  Yes Comments: \_\_\_\_\_

Learning Assistance during previous school year:  Yes  No

Has this student previously been enrolled with Summit? Yes  No  If YES, please provide date: \_\_\_\_\_

**First Parent/Guardian**

Has Custody: \_\_\_\_\_ Student Lives with:  Yes  No  
Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Prefix:  Mr.  Mrs.  Miss  Ms  
Address if not same as student: \_\_\_\_\_  
Apt No/Street \_\_\_\_\_ City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Second Parent/Guardian**

Has Custody: \_\_\_\_\_ Student Lives with:  Yes  No  
Relationship: \_\_\_\_\_ Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_ Prefix:  Mr.  Mrs.  Miss  Ms  
Address if not same as student: \_\_\_\_\_  
Apt No/Street \_\_\_\_\_ City/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Pager: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Siblings in Mission schools:** Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_  
Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ School \_\_\_\_\_

**MEDICAL INFORMATION:**

**If the student has a medically diagnosed life-threatening condition, please inform the school in order to arrange a meeting with the school principal prior to the student attending school.**

Doctor's Name: \_\_\_\_\_ Phone No: \_\_\_\_\_ Care Card No: \_\_\_\_\_

**Medical Alerts:** Please check any medically diagnosed alerts that apply:

- Special Needs (with potentially life threatening condition)
- Anaphylaxis (Extreme Allergic Reaction)
- Diabetes
- Seizure Disorder
- Severe Asthma
- Blood Clotting Disorder
- Serious Heart Condition

Other Medical Conditions (e.g. food allergies)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I verify that the information contained in this enrollment is accurate and complete.

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Enrollment accepted by:

Summit Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

*The information on this form is collected under the authority of the School Act, sections 13 and 97. The information 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 section 97(2) of the School Act. The information collected on this form will be protected under the Freedom of Information and Protection of Privacy Act. Questions about the collection and use of this information should be directed to the Principal of your school or to the Information and Privacy Coordinator, School District #75 (Mission), 33046, 4th Avenue, Mission, BC V2V 1S5, Telephone: 604-826-6286.*