



SCHOOL DISTRICT NO. 75 (MISSION)

Summit Learning Centre

29715 Donatelli Ave.
Mission, BC V4S 1H6
Ph: 604.820.3333
t/f: 1.866.881.1984
Fx: 604.820.9505

Office Checklist:

- Spreadsheets updated
SLP Completed
BCeSIS
Email Added to Group
Student Added to Team

ENROLLMENT FORM
For Cross-Enrolled Gr. 10/11/12 students only

FOR OFFICE USE ONLY: Current Grade: _____

PEN No. _____ Student No. _____ Cross-enrolled from _____ School
Date of Enrollment: _____ Counsellor at School above: _____
Year Month Day

Birth Certificate Photocopied and Verified by: _____ [] Counsellor or Principal aware of x-enrollment

ESL Student: [] Yes

Custody Concern: [] Yes (Details) _____ Legal Documents Received [] Yes

Student Authorization / Immigration Papers (non-Canadian only) [] Yes International Student: [] Funding - Eligible

Textbook Deposit: [] Yes [] N/A (no resources) REFUND TO: _____ [] Funding - Not Eligible

The Ministry of Education requires all enrollments in LEGAL names

Please note that a \$100 refundable resource deposit may be required

Gender: [] Male [] Female Course(s) Requested: _____

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: _____

Currently also attending school at: _____ Counsellor/Admin at school is: _____

Country of Birth: _____ Province of Birth: _____ Citizen of: _____

Immigration Status: _____

Home Language: [] English [] French [] Other (indicate other) _____

Have you previously been enrolled with Summit? [] Yes [] No If YES, please provide date: _____

Special Needs [] Yes Comments: _____ Learning Assistance during current school year [] Yes [] No

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 _____

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.