



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
Programs Added
Student Added to Team(s)
E-mail added to Group

ENROLLMENT FORM
K - 12 Fully Enrolled Students

FOR OFFICE USE ONLY: Student Assigned to: Grade Teacher
PEN No. Student No.
Date of Enrollment: Intended Start Date:
Birth Certificate Photocopied and Verified by: Last Grade completed:
Records Requested: Signed Withdrawal Form (8 -12 students):
ESL Student: ESD Student: Aboriginal:
Custody Concern: Legal Documents Received
Copy of Supporting Documents: Proof of BC Residency:
Student Authorization / Immigration Papers (non-Canadian only) International Student: Funding - Eligible
Textbook Deposit: 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 Requesting Enrolment in Grade

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 No Yes (If yes, fill in the appropriate information) Status - On Reserve
Band of Residence Status - Off Reserve Metis Inuit 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:

- | | |
|--|--|
| <input type="checkbox"/> Special Needs (with potentially life threatening condition) | <input type="checkbox"/> Severe Asthma |
| <input type="checkbox"/> Anaphylaxis (Extreme Allergic Reaction) | <input type="checkbox"/> Blood Clotting Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Serious Heart Condition |
| <input type="checkbox"/> Seizure Disorder | |

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.