Cell Phone

lacksquare Can pick up student

lacksquare Lives with student

(Kamloops/Thompson)	IT ENROLLMENT FO		Enrolling School:							
Enrollment Date:			Start Date:							
STUDENT INFORMA	ATION									
Legal FIRST Name	Legal LAST N	ame	Legal N	MIDDLE Name						
Current Grade	Ge	nder [☐ Male ☐ Female	Date of Birth						
Usual First Name Usual		ame	Usua	Usual Middle Name						
Home Language Most Used				First Language						
BC Personal Health Number										
PROPERTY ADDRES	SS		MAILING ADDRESS	☐ Same as Property Addres						
Street # & Name			Please complete if different than Property Address							
Apt # RR #/PO Box Postal Code										
City/Municipality			Apt # Postal Code							
Proof of Address Document			City							
Home Phone		Unlisted								
ADMISSION INFOR	MATION									
Previous School/Prog ☐ First Time Entry ☐ Strong Start ☐ Fine Arts		'rogram	Previous District Previous City/Province							
PARENT/GUARDIAI	N INFORMATION									
Surname		_								
First Name		_								
Relationship to Student		_								
Custody	☐ Sole ☐ Shared		Sole Shared	☐ Sole ☐ Shared						
Court Order in Effect?*	☐ Yes ☐ No		Yes 🗖 No	☐ Yes ☐ No						
Parental Authority/ Guardian	☐ Lives with Student ☐ Can Pick Up Student ☐ Receives Mailing ☐ Has Family Portal Access ☐ Receives Email ☐ Receives Auto Dialer Calls *If there are any custody arrangements		Lives with Student Can Pick Up Student Receives Mailing Has Family Portal Access Receives Email Receives Auto Dialer Calls with this student, legal documentation	☐ Lives with Student ☐ Can Pick Up Student ☐ Receives Mailing ☐ Has Family Portal Access ☐ Receives Email ☐ Receives Auto Dialer Calls						
Home Phone		_								
Cell Phone		_								
Work Phone		_								
Work Place		_								
Email Address										
Address	☐ Same as Student Address		Same as Student Address ty Address (if not living with student)	☐ Same as Student Address						
Street Address		_	- .							
City										
Province		_ _								
Street Address	Mailing Address (if different than property address)									
RR#/PO Box										
				-						
City		-								
Province		I								
	ACT INFORMATION (IF PAR	ENTS C	CAN'T BE REACHED)							
Emergency Contact		_								
Relationship		_								
Home Phone										

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May 2017

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SIBLING INFO	DRMATION (ONLY SCHO	OL AGED I	N BC)					
Legal Last Name	2								
Legal First Name	<u> </u>								
Birth Date									
Relationship)								
Gender	☐ Male	☐ Female	☐ Male	☐ Female	2	☐ Male	☐ Female	☐ Male	☐ Female
STUDENT ME	DICAL ALER	TS (LIFE TH	REATENIN	G COND	ITIONS	ONLY)			
Description of Con-	dition						School Medical		
						Nā	ame of Physician		
HEALTH ALER	R TS (NON-TH	IREATENING	MEDICAL	. CONDI	TIONS O	R MEDIC	ATIONS ST	JDENT MAY I	BE USING)
Description of Con-	dition								
Is child currently or									
STUDENT LEG	GAL ALERTS	(COURT OR	DERS ON F	ILE)	Yes 🗖	No			
Description of Cou									
Description of Cou	rt Order(s)								
OTHER FAMI	LY ALERTS								
Description of Fam	ily Alert(s)								
CITIZENSHIP									
Country of Birth		Citizo	nchin			□ Pofugoo	Entry Data In	to Canada	
Visa Status						_	-		iry
visa status		_ L/DII/J		- WORKT CI	THE EXP			day remine Expi	- 'y
ABORIGINAL	ANCESTRY								
Is your child of Abo	original Ancestry?	□ Yes □	No						
If yes, please select									
☐ Metis☐ Inuit	☐ Status On Res								
☐ Non-Status									
OTHER INFO	RMATION								
			D - :						
Past Assistance:	☐ Learning Assi☐ Modifications		☐ Educatior☐ Individua			☐ District☐ Hearing	: Counsellor	☐ Adaptation☐ Speech/Lar	
	☐ Physical Acco		- marviada	Laucation	ar r iarr	- ricaning	9	■ Specen/ Lan	iguage
Additional Informa	tion:								
PERMISSION	c								
PERIVIISSION	3								
The information cont									
administrative purpo tion collected on this									
recorded on this form	, please contact you	ır School Administro	ator.						
Date		Sig	nature of Parent/	'Guardian					
☐ District Internet	-								
☐ Release of Info/F☐ Enrollment Inter		side of District Fo	orm Completed	d (see attach	ned)				
L inominent inter	rview completed								
Date		Sia	anature of Principa	al/Desianate					
OFFICE USE C	ONLY								
Proof of Age (1 req	uired)	Proof of Add	ress (1 required	d)			Proof of	BC Residency (1 re	equired)
☐ Birth Certificate		☐ Driver's Li	cense/Auto Re	gistration	☐ Gas/Hy	/dro Bill	☐ BC Se	ervices Card/CareC	ard
☐ Passport		☐ Lease/Rer	ntal/Purchase A	greement					
Verified by					Date				