



PLEASE PRINT CLEARLY

Requested Enrollment Date _____

Please note the following enrolling priorities for Saanich School District 63

- 1 - re-enrolling students*
- 2 - siblings of re-enrolling students
- 3 - catchment area children
- 4 - non-catchment children
- 5 - out of district children

*A child who, in the previous year, attended the school

LEGAL First Name	LEGAL Family Name	Middle Name <input type="checkbox"/> No Legal Middle Name	GENDER ASSIGNED AT BIRTH: <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER IDENTITY: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Or please specify: _____
USUAL Family Name(s) (if different)	USUAL First Name (if different)	Age	Date of Birth: ____/____/____ dd mm yyyy	
Language spoken at home: <input type="checkbox"/> En <input type="checkbox"/> Fr <input type="checkbox"/> Other (please specify): _____			Entering Grade: _____	
HOME ADDRESS				
Street No. _____	Street Name _____	Apt. No. _____	City _____	Postal Code _____
Name of sibling(s) at this school _____				
BIRTHPLACE		For Office Use Only – CITIZENSHIP		
Country of Birth: _____		<input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International - Funding Eligible <input type="checkbox"/> Int'l - Funding Not Eligible <input type="checkbox"/> Out of Prov Cdn - Funding Not Eligible		
Prov. of Birth: _____				
Previous School & District / StrongStart / Preschool	Previous Grade: _____	Province: _____	Country _____	Phone () _____ Email/Contact: _____

<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN			<input type="checkbox"/> PARENT <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN		
Last Name _____		First Name _____	Last Name _____		First Name _____
Address (if not living with student) _____			Address (if not living with student) _____		
Work Phone () _____	Ext / Local _____	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Phone () _____	Ext / Local _____	Available at Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone () _____	Cell Phone () _____		Home Phone () _____	Cell Phone () _____	
Email Address _____			Email Address _____		

LIVES WITH

Both Parents Mother Only Father Only **COURT ORDER** (copy required) specify _____
 Shared Custody Guardian
 Other – Please specify: _____ **NOTES:** _____

EMERGENCY CONTACTS if parents cannot be reached. Please only write one person per line, and they will be called in that order. PLEASE TICK THE BOX TO CONFIRM IF YOUR CONTACT IS AUTHORISED TO COLLECT YOUR CHILD FROM SCHOOL.					<input checked="" type="checkbox"/>
Last Name	First Name	Relationship	Home/Work Phone () _____	Cell Phone () _____	
Last Name	First Name	Relationship	Home/Work Phone () _____	Cell Phone () _____	
Last Name	First Name	Relationship	Home/Work Phone () _____	Cell Phone () _____	

PLEASE COMPLETE IF INDIGENOUS ANCESTRY		BAND OF RESIDENCE		STATUS CARD #
<input type="checkbox"/> Metis	<input type="checkbox"/> FN	<input type="checkbox"/> Status – on reserve	<input type="checkbox"/> 0652 - Pauquachin	<input type="checkbox"/> 0653 - Tsartlip
<input type="checkbox"/> Inuit	<input type="checkbox"/> Status – off reserve	<input type="checkbox"/> 0654 - Tsawout	<input type="checkbox"/> 0655 - Tseycum	_____
	<input type="checkbox"/> Non Status	<input type="checkbox"/> Other - # _____	Name _____	
<input type="checkbox"/> Prefer not to answer				

If Indigenous Ancestry would you like to:

Yes, I give permission for my child to access programs and services from the Indigenous Education Program for the current school year.

No, I would like to decline services from the Indigenous Education Program for the current school year.

Previous Special Ed Designation: category: _____ English Language Support Required: YES or NO

Other Learning Considerations: _____

Family Doctor's Name	Doctor's Phone ()	STUDENT'S BC SERVICES CARD NO
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HEALTH FACTORS Check if applicable

Anaphylactic Allergies Asthma Diabetes Epilepsy Other

Additional Information: _____

Are any of these conditions **LIFE THREATENING?** Yes No

Please specify: _____

Other Health Conditions which may require emergency care – please specify.

Please sign to certify that the above information is correct:

_____ Date _____ Signature of Parent or Legal Guardian

DOCUMENTATION CHECKLIST
Canadian Citizen / Landed Immigrant / Permanent Residents must provide the following documentation at the time of registration:
For applicants on a Work or Study Permit, please email our International Student Program at sisp_admissions@saanichschools.ca

- | | |
|--|--|
| <p>1. Student Identification</p> <p><input type="checkbox"/> Birth Certificate OR</p> <p><input type="checkbox"/> Valid Passport OR</p> <p><input type="checkbox"/> Status Card</p> <p>If not Canadian we also require for both parent and student:</p> <p><input type="checkbox"/> Permanent Resident Card OR</p> <p><input type="checkbox"/> Certificate of Canadian Citizenship</p> | <p>3. Parent Identification</p> <p><input type="checkbox"/> Valid Passport OR</p> <p><input type="checkbox"/> BC Driver's License and/or BC Services Card or BCID</p> |
| <p>2. Proof of Residence:</p> | <p>4. <input type="checkbox"/> Student BC Services Card</p> <p>5. <input type="checkbox"/> Guardianship or Custody Documents</p> |

Home Owners	Renters
Please provide two of the following: <input type="checkbox"/> Home purchase agreement <input type="checkbox"/> Property Tax Statement <input type="checkbox"/> Home insurance policy <input type="checkbox"/> Property assessment <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable)	<input type="checkbox"/> Rental Agreement signed by the landlord with landlord's contact information
And one of the following: <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> BC Driver's License and/or BC Services Card or BCID	And two of the following: <input type="checkbox"/> Utility bill (Hydro, Fortis, Cable) <input type="checkbox"/> Canadian bank or credit card statement <input type="checkbox"/> BC Vehicle Registration <input type="checkbox"/> Income Tax Statement <input type="checkbox"/> Renter's insurance policy <input type="checkbox"/> BC Driver's License and/or BC Services Card or BCID

FOR OFFICE USE

In Catchment
 Out of Catchment
 Out of District

Address verified for catchment school
 Birthdate corresponds with correct grade
 Copy to Learning Services if support required

NOTES:

