



Today's Date \_\_\_\_\_

Requested Enrolment Date \_\_\_\_\_

**Please note the following enrolling priorities for Saanich School District 63:**

- |                                   |                              |  |
|-----------------------------------|------------------------------|--|
| 1 - continuing student            | 3 - catchment area child     | 5 - non-school district child of a SD63 employee |
| 2 - sibling of continuing student | 4 - non-catchment area child | 6 - non-school district child                    |

**STUDENT INFORMATION**

<b>LEGAL First Name</b>	<b>LEGAL Last Name</b>	<b>LEGAL Middle Name</b> <input type="checkbox"/> No Legal Middle Name	<b>GENDER ASSIGNED AT BIRTH:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>GENDER IDENTITY:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary person <input type="checkbox"/> Prefer not to answer
USUAL First Name(s) (if different)	USUAL Last Name (if different)	<b>Date of Birth:</b> ____ / ____ / ____ DAY MONTH YEAR		<b>For Office Use Only</b> Staff Verified <input type="checkbox"/>
Language(s) spoken at home: En <input type="checkbox"/> Fr <input type="checkbox"/> Other (please specify): _____			<b>Entering Grade:</b> _____	
<b>HOME ADDRESS</b>				
Street No.	Street Name	Apt. No.	City	Province Postal Code
<b>Name of sibling(s) at this school:</b> _____				
<b>BIRTHPLACE</b> Country of Birth: _____ Province of Birth: _____	<b>For Office Use Only – CITIZENSHIP</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Permanent Res / Landed Immigrant <input type="checkbox"/> International - Funding Eligible <input type="checkbox"/> Int'l - Funding <b>Not</b> Eligible <input type="checkbox"/> Out of Prov Cdn - Funding <b>Not</b> Eligible			
<b>Previous School &amp; District / StrongStart / Preschool:</b>	Previous Grade:	Email/Contact:	Province / Country:	

<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
<b>First Name</b>	<b>Last Name</b>			<b>First Name</b>	<b>Last Name</b>		
<input type="checkbox"/> Same as student OR Address if not living with student:				<input type="checkbox"/> Same as student OR 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			

<b>LIVES WITH:</b> _____ <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/> Shared Custody <input type="checkbox"/> Other – Please specify: _____	<b>LEGAL INFORMATION – COPIES REQUIRED</b> <input type="checkbox"/> Shared Living Arrangements <input type="checkbox"/> Court Order <input type="checkbox"/> Child in Care of MCFD
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<input checked="" type="checkbox"/>	<b>EMERGENCY CONTACTS: If parent/guardian cannot be reached, school will call in ORDER listed below.</b> Please check <input checked="" type="checkbox"/> the box to confirm if the contact is <b>AUTHORISED</b> to collect your child from school.				
	<b>First Name</b>	<b>Last Name</b>	Relationship	Home/Work Phone	Cell Phone
	<b>First Name</b>	<b>Last Name</b>	Relationship	Home/Work Phone	Cell Phone
	<b>First Name</b>	<b>Last Name</b>	Relationship	Home/Work Phone	Cell Phone

**FOR STUDENTS OF INDIGENOUS ANCESTRY ONLY, PLEASE COMPLETE:**

- Métis
- Inuit
- First Nation
- Prefer not to answer

- Status – on reserve
- Status – off reserve
- Non Status

**BAND OF RESIDENCE WHERE STUDENT RESIDES:**

- 0652 - Pauquachin
- 0654 - Tsawout
- Other - # \_\_\_\_\_ Name \_\_\_\_\_
- 0653 - Tsartlip
- 0655 - Tseycum

STATUS CARD # \_\_\_\_\_

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.

**HEALTH AND LEARNING SUPPORT INFORMATION:**

STUDENT'S BC SERVICES CARD NO: \_\_\_\_\_

Previous Individual Education Plan:  YES  NO

English Language Support Required:  YES

Other Learning Considerations: \_\_\_\_\_

**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 Information – please specify: \_\_\_\_\_

**Please sign to certify that the above information is correct:**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent or Legal Guardian

Applicants on a Work or Study Permit must register through our International Student program at [sisp\\_admissions@saanichschools.ca](mailto:sisp_admissions@saanichschools.ca).

**DOCUMENTATION CHECKLIST**

Applicants must provide the following documentation at the time of registration:

**1. Student Identification:**

- Birth Certificate OR Valid Passport OR Status Card

Staff to verify below to confirm document was viewed

**If not Canadian, both parent and student provide:**

- Valid Passport OR
- Permanent Resident Card OR
- Certificate of Canadian Citizenship

**2. Parent Identification:**

- Passport OR Driver's License or photo BC Services card or BCID

**3.  Guardianship or Parenting Time Arrangements**

**4. Proof of Residence: Only documents listed below will be accepted:**

Please provide **ONE** of the following:

- Home purchase agreement
- BC Property Tax notice
- BC Property Assessment notice
- Residential Tenancy Agreement (12mo+) ALL pages required

**And ONE** of the following Utility bills:

- BC Hydro bill
- Fortis BC bill
- Cable TV or internet bill
- Landline telephone bill (not cell)
- Municipal metered utility bill

**IF UNABLE TO PROVIDE A UTILITY BILL,** you will be required to provide a minimum of **THREE** supplemental supporting documents to confirm your address:

- ICBC Vehicle Registration OR Insurance document
- Canadian bank/credit statement
- Mobile phone bill
- Home or Tenant's insurance policy
- Driver's License OR BC Services Card or BCID - **\*ID WITH ADDRESS CHANGE STICKER NOT ACCEPTED**

**FOR OFFICE USE**

Birthdate verification:

Student ID type: \_\_\_\_\_

- Name and birthdate on form matches document

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Staff Name: \_\_\_\_\_

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

NOTES: