



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

<b>LEGAL First Name</b>		<b>LEGAL Family Name</b>		<b>LEGAL Middle Name</b>	No Legal Middle Name <input type="checkbox"/>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X
USUAL Family Name(s) (if different)		PREFERRED First Name (if different)		<b>Age</b>	<b>Date of Birth:</b> ____ / ____ / ____ dd mm yyyy	
Language spoken at home: Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____					<b>Entering Grade:</b> _____	
<b>HOME ADDRESS</b>						
Street No. _____		Street Name _____		Apt. No. _____	City _____ Postal Code _____	
<b>Name of sibling(s) at this school</b> _____						
<b>BIRTHPLACE</b>		<b>For Office Use Only - CITIZENSHIP</b>				
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 <b>Not</b> Eligible <input type="checkbox"/> Out of Prov Cdn - Funding <b>Not</b> Eligible <i>*For International applicants please complete the Provincial Funding Eligibility Checklist</i>				
Prov. of Birth: _____						
<b>Previous School &amp; District / StrongStart / Preschool</b>			Previous Grade: _____	Previous School Prov _____	Previous School Country _____	Phone ( ) _____ Email: _____

<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 _____	
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 ( ) _____
Home Phone ( ) _____	Cell Phone ( ) _____		Home Phone ( ) _____
Email Address _____		Email Address _____	

**LIVES WITH**

Both Parents     Mother Only     Father Only     Guardian     Other – Please specify: \_\_\_\_\_

**COURT ORDER** (copy required) specify \_\_\_\_\_    NOTES: \_\_\_\_\_

<b>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.</b>					<input checked="" type="checkbox"/>
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( ) _____	<b>Cell Phone</b> ( ) _____	
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( ) _____	<b>Cell Phone</b> ( ) _____	
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Home/Work Phone</b> ( ) _____	<b>Cell Phone</b> ( ) _____	

**PLEASE COMPLETE IF INDIGENOUS ANCESTRY**

- Metis       FN       Status – on reserve  
 Inuit       Status – off reserve  
 Non Status  
 Prefer not to answer

**BAND OF RESIDENCE**

- 0652 - Pauquachin       0653 - Tsartlip  
 0654 - Tsawout       0655 - Tseycum  
 Other - No. \_\_\_\_\_ Name \_\_\_\_\_ DIA # \_\_\_\_\_

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: \_\_\_\_\_

Other Learning Considerations:

\_\_\_\_\_

\_\_\_\_\_

Family Doctor's Name

Doctor's Phone  
(      )

STUDENT'S CARE CARD NO

**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**

**\*For applicants on a Work or Study Permit, please email our International Student Program at [sisp\\_admissions@saanichschools.ca](mailto:sisp_admissions@saanichschools.ca)**

Canadian Citizen / Landed Immigrant / Permanent Residents must provide the following documentation at the time of registration:

**1. Student Identification**

- Birth Certificate OR  
 Valid Passport OR  
 Status Card

**If not Canadian we also require for both parent and student:**

- Permanent Resident Card OR  
 Certificate of Canadian Citizenship

**3. Parent Identification**

- Valid Passport OR  
 BC Driver's License and/or BC Services Card or BCID

**4. Student BC Services Card**

**5. Guardianship or Custody Documents**

Home Owners	Renters
Please provide <b>two</b> 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
<b>And one</b> 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	<b>And two</b> 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:

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