



PLEASE PRINT CLEARLY

French Immersion

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

- |                             |                              |
|-----------------------------|------------------------------|
| 1 - re-enrolling students*  | 4 - non-catchment siblings   |
| 2 - catchment area siblings | 5 - non-catchment children   |
| 3 - catchment area children | 6 - out of district children |

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

LEGAL First Name	LEGAL Family Name	LEGAL Middle Name	No Legal Middle Name <input type="checkbox"/>	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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USUAL Family Name(s) (if different)	PREFERRED First Name (if different)	Age	Date of Birth: _____ dd / mm / yyyy
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Home Address	Entering Grade: _____
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<b>For Office Use Only</b>	<b>PROOF OF LEGAL NAME &amp; AGE</b>	<b>Staff Initials</b> _____
<input type="checkbox"/> BC Identification	<input type="checkbox"/> Court Order	<input type="checkbox"/> Vital Statistics Documents
<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Passport	<input type="checkbox"/> Certificate of Citizenship
	<input type="checkbox"/> INAC Status Card	<input type="checkbox"/> Birth Certificate
	<input type="checkbox"/> Immigration Documents	<input type="checkbox"/> Care Card
	<input type="checkbox"/> Out of Catchment	<input type="checkbox"/> Permanent Resident Card

<b>CATCHMENT STATUS</b>	<input type="checkbox"/> In Catchment <input type="checkbox"/> Out of Catchment <input type="checkbox"/> Out of District <input type="checkbox"/> Credit Card Invoice <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Municipal Tax Bill <input type="checkbox"/> Rental Agreement <input type="checkbox"/> Utility Bill
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<b>Mailing Address if different from Home Address</b>				
Street No.	Street Name	Apt. No.	City	Postal Code

<b>Previous School &amp; District / StrongStart / Preschool</b>	Previous School Prov	Previous School Country	Previous School Phone ( )	Previous Grade:	Previous School Fax
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Name of sibling(s) at this school _____
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<b>BIRTHPLACE</b> Country of Birth: _____ Prov. of Birth: _____	<b>For Office Use Only - CITIZENSHIP</b> <input type="checkbox"/> Canadian Citizen <input type="checkbox"/> Out of Prov Cdn - Funding <b>Not</b> Eligible <input type="checkbox"/> International - Funding Eligible <input type="checkbox"/> Int'l - Funding <b>Not</b> Eligible <input type="checkbox"/> Permanent Res / Landed Immigrant
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Language spoken at home:    Eng. <input type="checkbox"/> Fr <input type="checkbox"/> Other (specify): _____
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<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 ( )
Home Phone ( )	Cell Phone ( )		Home Phone ( )
Email Address		Email Address	

<b>GUARDIAN</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> <b>COURT ORDER</b> (copy in student file) specify _____	<b>LIVES WITH</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (specify) by court order: _____
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**EMERGENCY CONTACTS if parents cannot be reached. Please only write one person per line, and they will be called in that order.**

<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Priority Phone</b> ( )	<b>Alternate Phone</b> ( )
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Priority Phone</b> ( )	<b>Alternate Phone</b> ( )
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Priority Phone</b> ( )	<b>Alternate Phone</b> ( )
<b>Last Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Priority Phone</b> ( )	<b>Alternate 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
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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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct and valid as of \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Legal Guardian \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Pupil #:</b>	<b>PEN #:</b>	<b>School Name</b>	<b>Address Verified</b> <input type="checkbox"/> Yes	<b>Division</b>	<b>Teacher</b>	
<b>Admission Reason:</b> <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Student Transfer <input type="checkbox"/> Graduated <input type="checkbox"/> Adult -19 yrs or older		<b>Program Type</b> <input type="checkbox"/> Regular <input type="checkbox"/> International	<b>Enter Program Codes:</b> <input type="checkbox"/> 63 Core French <input type="checkbox"/> 63 French Immersion <input type="checkbox"/> 63 ELL (for SBO use)		<b>Catchment</b> <input type="checkbox"/> Out of catchment <input type="checkbox"/> Out of District	<b>Copies for file:</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Immigration Papers <input type="checkbox"/> Student Visa <input type="checkbox"/> Records Requested
<b>Admission Date:</b> _____/_____/_____ dd      mm      yyyy		<b>First Date of Attendance</b> (if different) _____/_____/_____ dd      mm      yyyy		<b>Nurse notified</b> of Life Threatening Condition <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Advise:</b> <input type="checkbox"/> Library		<b>Revise:</b> <input type="checkbox"/> Class List for Teacher <input type="checkbox"/> Division List		<b>Ministry Designation - Special</b>		
<input type="checkbox"/> Computer Lab		<input type="checkbox"/> Class List for Office <input type="checkbox"/> _____		<b>Needs Category (if known):</b> _____		
<b>Student File</b> <input type="checkbox"/> Requested <input type="checkbox"/> Teacher for Review		<b>RED FILE</b> <input type="checkbox"/> Requested		<input type="checkbox"/> Received		
<input type="checkbox"/> Received <input type="checkbox"/> Filed				<input type="checkbox"/> Received		