



## Vancouver School Board Student Registration Information

Complete the attached Student Application Form and bring it to your neighbourhood school, along with the required original documents as listed below.

Go to [www.vsb.bc.ca/schools](http://www.vsb.bc.ca/schools) to search for your neighbourhood school by postal code or by map.

### Who should register at neighbourhood schools?

Kindergarten to Grade 12 students born in Canada, who speak English at home as the home language.

#### Checklist of original documents required for registration

Bring the following:

- 1. **Your Child**
- 2. **Proof of address in Vancouver**  
**Home Owners:**
  - Recent property tax statement
  - or
  - Purchase agreement if you just bought a new home with subject removed and a copy of deposit receipt**Renters:**
  - Formal rental or lease agreement and hydro or cable statement
- 3. **Child's original birth certificate**
  - Shows parent names with certified translation in English if needed
- 4. **Canadian immigration or citizenship documents** (including Canadian Citizens)
  - For parents and children
  - Please bring passports if available
- 5. **Original school report cards** with certified translation in English if needed
  - Elementary school: Report cards from two most recent school years
  - Secondary school: All report cards from Grade 7 to current year
- 6. **Child's immunization records since birth** and, if necessary, any other important health documents
- 7. Any other relevant documentation involving guardianship, court orders, etc.



# STUDENT APPLICATION FORM

## VANCOUVER BOARD OF EDUCATION

Catchment School: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

BCeSIS Pupil #: \_\_\_\_\_

PEN: \_\_\_\_\_ OFFICE USE ONLY

Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_

Program: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

There is a separate form for applying to Elementary District programs.  
 You will find it here: <http://www.vsb.bc.ca/programs>

### STUDENT INFORMATION

**Gender:** (Check one) Male  Female

Address: \_\_\_\_\_

Legal Last Name: \_\_\_\_\_ City: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Usual Last Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Check if unlisted:

**Preferred First Name:** \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_ Check if unlisted:

Legal Middle Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ DD-MMM-YYYY

**Proof of Address** (Check one and attach when submitting)

Municipal Tax Bill  Rental Agreement

**Proof of Age** (Check one and attach)

Birth Certificate  Certificate of Citizenship  Court Order  Passport  Other

### STUDENT CITIZENSHIP INFORMATION

Country / Prov of Birth: \_\_\_\_\_ First Language: \_\_\_\_\_

Citizen of: \_\_\_\_\_ Language at home: \_\_\_\_\_

**If not** a Canadian Citizen, Language most used: \_\_\_\_\_

Date of entry into Canada: \_\_\_\_\_ DD-MMM-YYYY Interpreter Required? Yes  No

Citizenship Status: **OFFICE USE ONLY**

International Funding Eligibility Yes  No

International Funding Not Eligible Yes  No

Out of Province Canadian Not Eligible Yes  No

Permanent Resident/Landed Immigrant Yes  No

Refugee Yes  No

Study Permit #: \_\_\_\_\_

Permit Expiry Date: \_\_\_\_\_

Student attended a **Strong Start Centre**?

Yes  No

If yes, name of school: \_\_\_\_\_

**Citizenship Information** (Check one and attach)

Canada Immigration Record  Immigration Canada Permit

Immigration Canada VISA  Passport

Permanent Resident Card  Permanent Resident Form

**Aboriginal Ancestry**

Do you have Aboriginal Ancestry? Yes  No

If YES, would you like to receive Enhanced Educational Services? Yes  No

Will your child be applying for an Elementary District Program? Yes  No

Is there a sibling already in the program? Yes  No

### PARENT/GUARDIAN INFORMATION

Living with student Yes  No

Emergency Contact Yes  No

Speaks English Yes  No

Willing to Volunteer? Yes  No

Who has legal custody? \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

VISA/Work/Study Permit Number: \_\_\_\_\_

**Relation to student:** (Check one)

Mother  Father  Grandparent

Guardian  Aunt  Uncle

Homestay  Other  Family Services

Same as Student's Address Yes  No

If **not** living with student provide address: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Business Phone # if available at work: \_\_\_\_\_

**Continue on next page**

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### Relation to student: (Check one)

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Guardian  Aunt  Uncle   
Homestay  Other  Family Services

Who has legal custody? \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

VISA/Work/Study Permit Number: \_\_\_\_\_

Same as Student's Address Yes  No

If not living with student provide address: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

Business Phone # if available at work: \_\_\_\_\_

## SIBLING INFORMATION (School age siblings 5-18 yrs.) (Check one)

1. Name: \_\_\_\_\_ Male  Female  Birth Date: DD-MMM-YYYY  
2. Name: \_\_\_\_\_ Male  Female  Birth Date: DD-MMM-YYYY  
3. Name: \_\_\_\_\_ Male  Female  Birth Date: DD-MMM-YYYY

## EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT

Legal Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Does this person speak English? Yes  No

Home Phone #: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

## EMERGENCY CONTACT: OUT OF PROVINCE / COUNTRY (Call in the event of a Natural Disaster)

Legal Last Name: \_\_\_\_\_

Does this person speak English? Yes  No

Legal relationship to student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Legal First Name: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

## STUDENT MEDICAL HEALTH INFORMATION

Doctor Name: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Care Card #: \_\_\_\_\_

Hospital: \_\_\_\_\_

Is an Immunization Record attached?

Yes  No

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Allergies and Health Conditions (Check one)

Allergies/Conditions Yes  No

If yes, What? \_\_\_\_\_

Life Threatening? Yes  No

What? \_\_\_\_\_

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational programs and administrative purposes, and when required may be provided to health services, social services or support services as outlined in Section 79(2) of the School Act. The information collected on this form will be protected consistent with the Freedom of Information and Protection of Privacy Act. If you have any questions about the information recorded on this form, please contact the School Administrator.

*(Please sign in front of school staff listed below)*

***I certify that the above information is correct and valid as of this date. I understand that the provision of false information may lead to my child no longer being able to attend the assigned school.***

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Verified by:** \_\_\_\_\_

**Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_