



**VS** STUDENT APPLICATION FORM  
VANCOUVER BOARD OF EDUCATION

Complete this form online, print it and bring it to your neighbourhood StrongStart Centre.  
You must also provide **one of each** appropriate documentation listed below:

**Proof of Child's Birthdate (check one)**

- Canadian Birth Certificate
- Canadian Passport
- Immigration Canada Document
- Permanent Resident Card

**Proof of Residency (check one)**

- BC Driver's License, showing parent's name
- Hydro/Gas/Cable Bill, showing parent's name
- Utility/Municipal Tax Bill, showing parent's name
- Residential Tenancy Agreement, showing parent's name

DATE OF APPLICATION: \_\_\_\_\_ BCESIS #: \_\_\_\_\_

FOR OFFICE USE ONLY

STRONGSTART CENTRE: \_\_\_\_\_

**STUDENT INFORMATION**

Gender: (check one)    Male     Female     Birthdate: \_\_\_\_\_ DD-MMM-YYYY

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

Legal Middle Name: \_\_\_\_\_ Usual Called Name: \_\_\_\_\_

**ADDRESS INFORMATION**

Property Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

**CITIZENSHIP INFORMATION**

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

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

Do you have **ABORIGINAL ANCESTRY**?    Yes     No

**1. PARENT / GUARDIAN INFORMATION**

Child living with:    Mother     Father     Both     Other (please specify): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## 2. PARENT / GUARDIAN INFORMATION

Relationship to child: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## CAREGIVER / EMERGENCY CONTACT INFORMATION

Relationship to child: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Language spoken: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## STUDENT MEDICAL INFORMATION

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

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

CareCard #: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Allergies or Health Conditions: \_\_\_\_\_

Are these conditions **Life Threatening**?    Yes       No  

### PROTECTION OF PRIVACY

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*.

***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 a StrongStart Early Learning program.***

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

StrongStart Facilitator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_