



TEMPLETON SECONDARY SCHOOL

727 Templeton Drive, Vancouver V5L 4N8

Tel: (604) 713-8984 ▪ Fax: (604) 713-8983 ▪ Website: www.vsb.bc.ca/schools/templeton

GRADE 8 REGISTRATION 2022-2023

The Following PHOTOCOPIES MUST be Included with the Registration Form

- Proof of Address:
Homeowners - Recent Property Statement or Purchase Agreement
Renters - Rental Agreement **PLUS TWO** bills showing name and address
- Proof of Canadian Citizenship: Birth Certificate, Immigration/Citizenship/Permanent Resident Documentation
- If child DOES NOT reside with parents, include legal proof of Guardianship or Custody Papers
- Copy of Most Recent Report Card

STUDENT INFORMATION

Legal last name:	Present Elementary School:
Legal first name:	PEN # if NOT attending a VSB school:
Preferred first name:	Address:
Legal middle name:	City: Postal Code:
Birthdate: (DD/MM/YY)	Home #
Male <input type="checkbox"/> Female <input type="checkbox"/>	Student Email:

STUDENT CITIZENSHIP INFORMATION

Country / Province of Birth:	Citizen of:	First Language:
If not a Cdn. Citizen, date of entry into Canada: (DD/MM/YY):		
Language at home:	Language Most Used:	

STUDENT MEDICAL INFORMATION

Care Card #	
Allergies / Conditions: No <input type="checkbox"/> Yes <input type="checkbox"/>	Life Threatening? No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, what?	If yes, what?

Does student have special learning needs? No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes, specify:
Student has an IEP? No <input type="checkbox"/> Yes <input type="checkbox"/>

Is student receiving Resource Support? No <input type="checkbox"/> Yes <input type="checkbox"/>
Has student received ELL Support? No <input type="checkbox"/> Yes <input type="checkbox"/>
Indigenous Ancestry: No <input type="checkbox"/> Yes <input type="checkbox"/>

PARENT / GUARDIAN INFORMATION

Living with student: No Yes

Emergency contact: No Yes

Legal last name:

Legal first name:

Email : Home#

Cell # Work#

Relation to student:

Who has legal custody?

Same as student's address: No Yes

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

Address:

City: Postal Code:

PARENT / GUARDIAN INFORMATION

Living with student: No Yes

Emergency contact: No Yes

Legal last name:

Legal first name:

Email : Home #

Cell # Work #

Relation to student:

Who has legal custody?

Same as student's address: No Yes

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

Address:

City: Postal Code:

EMERGENCY CONTACT INFORMATION: OTHER THAN PARENT

Last Name:

First Name:

Relationship to Student:

Home #:

Cell #:

Work #:

Last Name:

First Name:

Relationship to Student:

Home #:

Cell #:

Work #:

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

Last Name: First Name:

Relationship to Student: Does this person speak English? No Yes

Home # Cell# Work #

COURSE INFORMATION (Minimum of 8 Courses)

▪ Core courses: English, French, Mathematics, Physical Education, Science, Socials, Applied Design Skills & Technology Rotation

▪ **Elective: Fine Arts (Please choose one)**

Beginners Band 8 No experience required

Fine Arts 8 Rotation

★ if you are in the STEM program you will be contacted regarding elective choice

Specialized Scheduling (Please choose one)

My child has been in French Immersion and would like to be scheduled in French 10 (space permitting)

My child has been in Late French Immersion or Intensive French Program and would like to be placed in French 9 (space permitting)

Parent Name:

Date (DD/MM/YY)