

VSBC VANCOUVER BOARD OF EDUCATION
STUDENT APPLICATION FORM

Catchment School: _____
 Date Application Received: _____
 SIS Pupil #: _____
 PEN: _____
 Grade: _____ Home Room: _____
 Program: _____
 School Currently Attending: _____

STUDENT INFORMATION

Gender: (Check one) Male Female

Legal Last Name: _____ Address: _____
 Legal First Name: _____ City: _____
 Usual Last Name: _____ Province: _____ Postal Code: _____
 Preferred First Name: _____ Student Home Phone #: _____
 Legal Middle Name: _____ Student Mobile Phone#: _____
 Birth Date: _____ Proof of Address Attached

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: _____ Interpreter Required? Yes No

Citizenship Status: OFFICE USE ONLY

International Funding Eligibility	Yes <input type="checkbox"/>	No <input type="checkbox"/>
International Funding Not Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Out of Province Canadian Not Eligible	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Permanent Resident/Landed Immigrant	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Refugee	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Does student have special needs? Yes No

Specify: _____

Aboriginal Ancestry

Do you have Aboriginal Ancestry? 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

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: _____

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

1. Name: _____ Male Female Birth Date: _____
2. Name: _____ Male Female Birth Date: _____
3. Name: _____ Male Female Birth Date: _____

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: _____ Legal First Name: _____
Does this person speak English? Yes No
Legal relationship to student: _____
Home Phone #: _____
Work Phone #: _____
Mobile Phone #: _____

STUDENT MEDICAL HEALTH INFORMATION

Care Card #: _____
Is an Immunization Record attached? Yes No

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.

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: _____