



**THIS FORM IS TO BE COMPLETED BY STUDENTS WHO ARE ALREADY AT A VSB SCHOOL. DO NOT SUBMIT AN ONLINE APPLICATION. PLEASE SUBMIT COMPLETED APPLICATION & DOCUMENTS TO THE MAIN OFFICE AT ERIC HAMBER SECONDARY SCHOOL.**

Student No.: \_\_\_\_\_

Current School: \_\_\_\_\_

Neighbourhood High School: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

**Section A – Student Information**

Legal Name: \_\_\_\_\_  
*LAST FIRST MIDDLE*

Usual Name: \_\_\_\_\_  
*LAST FIRST*

Home Phone Number \_\_\_\_\_ Gender:  M  F Birth Date: \_\_\_\_\_  
dd-mmm-yyyy

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country/Province of Birth: \_\_\_\_\_ Language: \_\_\_\_\_ Language at Home: \_\_\_\_\_

Citizenship Status (circle one): Canadian Citizen | Landed Immigrant | Work Permit | International Student

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

**Section B – Parent/Guardian Information**

Siblings attending Hamber (if any) \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_\_

Mother/Guardian Name: _____	Father/Guardian Name: _____
Relationship to student: _____ (If not mother)	Relationship to student: _____ (If not father)
Living with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Living with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (if NO): _____	Address (if NO): _____
Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone number _____	Home Phone number _____
Cellular Phone number _____	Cellular Phone number _____
Work Phone number _____	Work Phone number _____
Email Address _____	Email Address _____

**Section C – Emergency Contact Information (Other than parents/guardians in Section B)**

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Home Phone number _____	Home Phone number _____
Cellular Phone number _____	Cellular Phone number _____
Work Phone number _____	Work Phone number _____

Any other pertinent contacts (i.e. Social Worker, etc.)? \_\_\_\_\_

**Section D – Medical Information**

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Care Card Number: \_\_\_\_\_

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

Life Threatening?  Yes  No (If YES, please ask Office Staff for an Emergency Care form for you to complete).

**Section E – Please Attach Copies of the Following Registration Documents:**

- Birth Certificate / Canadian Immigration Documents (Visa)
- ID of both Parents (Driver License, Canadian Passport/Visa, Permanent Residence Card)
- Most Recent Report Card
- Proof of Residency (2 pieces – 2 Primary Documents OR One Primary and One Secondary Documents)
  - ✓ **Primary documents:** Recent Property Tax Notice; Purchase Agreement; Utility /Cable /Land Phone Bill
  - ✓ **Secondary documents:** Vehicle Registration, Recent Bank or Credit Card Statement, etc.

Student's Signature: \_\_\_\_\_ Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_