



THIS FORM IS TO BE COMPLETED BY STUDENTS WHO ARE ALREADY AT A VSB SCHOOL. DO NOT SUBMIT AN ONLINE APPLICATION. PLEASE SCAN AND EMAIL COMPLETED APPLICATION & DOCUMENTS TO SSENSAVANH@VSB.BC.CA.

Sir Winston Churchill Secondary School Student Registration Form

Current School: _____

Student No.: _____

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 Churchill (if any) _____ Male Female Birth Date: _____

Mother/Guardian Name: _____ Relationship to student: _____ (<i>If not mother</i>) Living with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No Address (if NO): _____ Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No Home Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____ Work Phone number: _____ - _____ - _____ Email Address: _____	Father/Guardian Name: _____ Relationship to student: _____ (<i>If not father</i>) Living with the student: <input type="checkbox"/> Yes <input type="checkbox"/> No Address (if NO): _____ Copy of correspondence: <input type="checkbox"/> Yes <input type="checkbox"/> No Home Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____ Work Phone number: _____ - _____ - _____ Email Address: _____
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Section C – Emergency Contact Information (Other than parents/guardians in Section B)

Name: _____ Relationship to Student: _____ Language Spoken: _____ Home Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____ Work Phone number: _____ - _____ - _____	Name: _____ Relationship to Student: _____ Language Spoken: _____ Home Phone number: _____ - _____ - _____ Cellular Phone number: _____ - _____ - _____ Work Phone number: _____ - _____ - _____
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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

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: _____