



# STUDENT APPLICATION FORM VANCOUVER BOARD OF EDUCATION

Catchment School: \_\_\_\_\_  
 Date Application Received: \_\_\_\_\_  
 BCeSIS Pupil #: \_\_\_\_\_  
 PEN: \_\_\_\_\_ **OFFICE USE ONLY**  
 Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_  
 Program: \_\_\_\_\_  
 School Currently Attending: \_\_\_\_\_

There is a separate form for applying to Elementary District programs.  
 You will find it here: <http://www.vsb.bc.ca/programs>

## STUDENT INFORMATION

**Gender:** (Check one) Male  Female   
 Address: \_\_\_\_\_  
 Legal Last Name: \_\_\_\_\_ City: \_\_\_\_\_  
 Legal First Name: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
**Usual Last Name:** \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Check if unlisted:   
**Preferred First Name:** \_\_\_\_\_ Mobile Phone#: \_\_\_\_\_ Check if unlisted:   
 Legal Middle Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ DD-MMM-YYYY **Proof of Address** (Check one and attach when submitting)  
 Municipal Tax Bill  Rental Agreement

**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: \_\_\_\_\_ DD-MMM-YYYY Interpreter Required? Yes  No

Citizenship Status: **OFFICE USE ONLY**  
 International Funding Eligibility Yes  No   
 International Funding Not Eligible Yes  No   
 Out of Province Canadian Not Eligible Yes  No   
 Permanent Resident/Landed Immigrant Yes  No   
 Refugee Yes  No   
 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

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

Will your child be applying for an Elementary District Program?  
 Yes  No   
 Is there a sibling already in the program?  
 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: \_\_\_\_\_

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Willing to Volunteer Yes  No

### Relation to student: (Check one)

Mother  Father  Grandparent   
Guardian  Aunt  Uncle   
Homestay  Other  Family Services

Who has legal custody? \_\_\_\_\_

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

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

Home Telephone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

VISA/Work/Study Permit Number: \_\_\_\_\_

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: DD-MMM-YYYY  
2. Name: \_\_\_\_\_ Male  Female  Birth Date: DD-MMM-YYYY  
3. Name: \_\_\_\_\_ Male  Female  Birth Date: DD-MMM-YYYY

## 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: \_\_\_\_\_

Does this person speak English? Yes  No

Legal relationship to student: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_

Mobile Phone #: \_\_\_\_\_

## STUDENT MEDICAL HEALTH INFORMATION

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

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

Care Card #: \_\_\_\_\_

Hospital: \_\_\_\_\_

Is an Immunization Record attached?

Yes  No

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

### 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.

*(Please sign in front of school staff listed below)*

***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:** \_\_\_\_\_