

Student Enrollment

FVAA

Student's Name:
(Last Name) (First Names)

Date of Birth (dd/mm/yyyy): / / Gender: ☐ M ☐ F

Country of Birth: Citizenship:

Primary Language:

Student Email: Student Cell:

Desired Level of Entry: Elementary K 1 2 3 4 5
(Please mark) Middle School 6 7 8
High School 9 10 11 12

Is ELL (English Language Learner) support required? ☐ Yes ☐ No

Has the student had an IEP and/or needed adaptations for special needs? ☐ Yes ☐ No

Has the student been diagnosed with ADD or ADHD? ☐ Yes ☐ No

Has the student received Specialist Services? e.g. Psychological, Speech, etc. ☐ Yes ☐ No

Please specify and provide reports:.....
.....

Disabilities: e.g. Intellectual, physical, behavioural disorder. (Please provide details)
.....

Learning Difficulties: (Please provide details. An application for Learning Assistance will also be required.)
.....

Schooling

How is the student managing at school?

Academically: ☐ V/Good ☐ Good ☐ Average ☐ Poorly ☐ V/Poorly
Socially: ☐ V/Good ☐ Good ☐ Average ☐ Poorly ☐ V/Poorly

Current School:

Telephone: Grade:

Reason for Leaving:

Has the student ever been asked to leave a school or been refused enrollment? ☐ Yes ☐ No

If yes, please state reason:

Medical

Student's Personal Health Number (BC Services Card):

Please attach a copy of:

- ☐ Immunization records
- ☐ Health insurance information for students without a Personal Health Number

Does the student have any medical conditions, or history, of which we should be aware?

(i.e. heart condition, diabetes, asthma, severe allergies, etc.) ☐ Yes ☐ No

If yes, please provide details:
.....
.....

In cases of chronic health issues please provide date of last incident (asthma, epilepsy, etc.):

.....

Is the student taking any medication on a regular basis? ☐ Yes ☐ No

If yes, please provide the name(s) of medication:
.....

Will the student need to take this medication while at school? ☐ Yes ☐ No

Note that the school cannot administer any medications without written parental/guardian permission.

Please request a "Medication Dispensing Form" from the school office if needed.

Please use this space if there is anything else you want us to know about the student:
.....
.....
.....
.....

Emergency Protocol

In the event any student requires assistance in a medical emergency, every effort will be made to inform the parent/guardian immediately. If the school is unsuccessful in reaching a contact person we will take action as deemed necessary and keep trying to make contact with the parent(s)/guardian(s) until successful.

Church

Religion:

☐ Applicant baptized Membership held at: