

# Student Enrollment

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 6  
(Please circle) Junior High 7 8 9  
Senior High 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: .....