

La Vérendrye Elementary Conseil scolaire francophone de la Colombie-Britannique (S.D. 93)

ALERT

Enrollment Form

Date

District

Address

Telephone ____

____ No

Doctor's name

CareCard number

Telephone

If yes ____ Off reserve

MEDICAL INFORMATION

Visual impairment (Y/N)

Hearing impairment (Y/N)

Problem description

ABORIGINAL ANCESTRY INFORMATION

___ Yes

____ On reserve (band name)

Problem description

Eyeglasses ____ (Y/N)

Allergies (Y/N) EpiPen (Y/N) If yes, please list allergies and required treatment

PREVIOUS SCHOOL

STUDENT

Legal last name	
Legal first name	
Usual last name	
Preferred first	
Middle names	
Gender (M/F)	
Date of birth	_ (DD/MM/YYYY)
Proof of age document	
Home telephone	

PROPERTY ADDRESS

Address	
Apt	Municipality
Province	Postal code

MAILING ADDRESS (if different from property address)

LANGUAGES & OTHER INFORMATION

First language	
Language spoken at home	
Language most used	
Country or province of birth	
City of birth	
Citizenship	
Immigration status	

AUTHORIZATIONS

I accept that information about my child (name, address,
grade, telephone, pictures, audio and video recordings) be
released, if necessary, for the following school-related
activities:

P.A.C. (telephone directory)	 (Y/N)
School transportation	 (Y/N)
School pictures	 (Y/N)
Website	 (Y/N)
Media (TV, radio, newspaper)	 (Y/N)
Field trips	 (Y/N)

Asthma (Y/N)	Bronchodilator (Y/N)
Medication	
Diabetes (Y/N)	Requires insulin (Y/N)
Epilepsy (Y/N)	Туре
Medication	
Heart condition	_ (Y/N)
Problem description	
Is your child able to fully program? (Y/N)	participate in the school's physical educati
Other pertinent informatic	n

_____ Grade _____

____ School _____

Contact lenses ____ (Y/N)

Hearing aid (Y/N)

I certify that the information on this form is correct.

Parent / Guardian signature

Date

The information on this form is collected under the authority of the British Columbia School Act. Information is used by the District for Ministry of Education reporting, demographic, enrollment, budget, facility and operational analyses. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.



La Vérendrye Elementary Conseil scolaire francophone de la Colombie-Britannique (S.D. 93)

Enrollment Form

1. Relationship 2. Relationship Last name Last name First name (YN) Same address as student (YN) Brane address as student (YN) Brane address as student (YN) Same address as student (YN) Brane address as student (YN) Brane address as student (YN) Other inguages (YN) Copy of correspondence (YN) Work telephone (YN) Work telephone (YN) Call as equence in case of emergency (YN) Brendgency contact (YN) Call as equence in case of emergency (YN) Brendgency Contact (YN) Call as equence in case of emergency (Wr) SIBLINGS 2. 3. 4. First name	PARENT / GUARDIAN Custody	Student lives with
Last name Last name First name First name Lues with student (YN) Same address as student (YN) Same address as student (YN) Same address as student (YN) Speaks French (YN) Other languages (YN) Copy of correspondence (YN) Willing to volunteer (YN) Work talephone (YN) Work talephone (YN) Available at work (YN) Cellular telephone (YN) Available at work (YN) Cellular telephone (YN) Emergency contact (YN) Base and emergency If yes, call sequence in case of emergency SIBLINCS 2 3 Last name 1 (MF) Cellular telephone (MF) School (MF) (MF) School (MF) (MF) Cellular telephone (MF) (MF) School (Collular telephone (MF) Cellular telephone (Collular telephone (MF) <th>1. Relationship</th> <th> 2. Relationship</th>	1. Relationship	2. Relationship
Lives with student(YN) Lives with student(YN) Same address as student(YN) Same address as student(YN) Same address as student(YN) Same address as student(YN) Other languages	Last name	
Same address as student(Y/N) Same address as student(Y/N) If not, address	First name	First name
Same address as student(Y/N) Same address as student(Y/N) If not, address	Lives with student (Y/N)	Lives with student (Y/N)
Speaks French		
Other languages	If not, address	If not, address
Copy of correspondence (Y/N) Willing to volunteer (Y/N) Horne telephone (Y/N) Work telephone Work telephone Available at work (Y/N) Cellular telephone (Y/N) Callular telephone (Y/N) Calluar telephone (Y/N) Calluar telephone (WF) Cander (WF) Calluar telephone (WF) Calluar telephone (WF) Calluar telephone (WF) Calluar telephone (Calluar telephone Calluar telephone (Calluar telephone Calluar telephone (Calluar telephone Calluar telephone (Calluar telephone	Speaks French (Y/N)	Speaks French (Y/N)
Willing to volunteer (Y/N) Home telephone	Other languages	Other languages
Home telephone Home telephone Work telephone Work telephone Available at work (Y/N) Cellular telephone (Y/N) It yes, call sequence in case of emergency (Y/N) It yes, call sequence in case of emergency (Y/N) It yes, call sequence in case of emergency (Y/N) It yes, call sequence in case of emergency (Y/N) It yes, call sequence in case of emergency (Y/N) Gender (M/F) (M/F) School (M/F) (M/F) It Last name (M/F) (M/F) Relationship Home telephone (M/F) Home telephone (M/F) (M/F) Work telephone (M/F) (M/F) Cellular telephone (M/F) (M/F) Home telephone (M/F) (M/F) Gender (M/F) (M/F) School (M/F) (M/F) Last name First name </td <td>Copy of correspondence (Y/N)</td> <td>Copy of correspondence (Y/N)</td>	Copy of correspondence (Y/N)	Copy of correspondence (Y/N)
Work telephone Work telephone Available at work (Y/N) Cellular telephone Available at work Emergency contact (Y/N) Can pick up (Y/N) Callular telephone Emergency contact (Y/N) Can pick up (Y/N) SIBLINGS SiBLINGS Stationship 2. 3. 4. Relationship . . . Date of birth Gender First name .	Willing to volunteer (Y/N)	Willing to volunteer (Y/N)
Available at work(Y/N) Available at work(Y/N) Cellular telephone	Home telephone	Home telephone
Cellular telephone	Work telephone	Work telephone
Emergency contact (Y/N) Can pick up (Y/N) Emergency contact (Y/N) Can pick up (Y/N) If yes, call sequence in case of emergency (Y/N) If yes, call sequence in case of emergency (Y/N) If yes, call sequence in case of emergency (Y/N) SIBLINGS Last name 2. 3. 4.	Available at work (Y/N)	Available at work (Y/N)
If yes, call sequence in case of emergency	Cellular telephone	Cellular telephone
SIBLINGS Last name 1. 2. 3. 4.	Emergency contact (Y/N) Can pick up (Y/N)	N) Emergency contact (Y/N) Can pick up (Y/N)
Last name 1. 2. 3. 4. First name	If yes, call sequence in case of emergency	If yes, call sequence in case of emergency
Last name 1. 2. 3. 4. First name	SIBLINGS	
First name		
Relationship		3 4
Date of birth		
Gender (M/F) (M/F) (M/F) School	•	
School		
EMERGENCY CONTACTS (exclude parents / guardians and specify an emergency contact outside of the province, if possible) 1. Last name		(M/F) (M/F)
1. Last name	School	
First name	EMERGENCY CONTACTS (exclude parents / guardians and specif	fy an emergency contact outside of the province, if possible)
Relationship	1. Last name	2. Last name
Home telephone Home telephone Work telephone Work telephone Cellular telephone Cellular telephone Languages spoken Call sequence in case of emergency Call sequence in case of emergency Can pick up First name Call sequence in case of emergency First name First name Relationship Relationship Home telephone Work telephone Work telephone Call sequence in case of emergency Call sequence in case of emergency Can pick up (Y/N) 4. Last name First name First name Relationship Home telephone Work telephone Work telephone Work telephone Work telephone Cellular telephone Cellular telephone Languages spoken Cellular telephone Languages spoken Languages spoken	First name	First name
Work telephone	Relationship	Relationship
Cellular telephone Languages spoken Call sequence in case of emergency Can pick up Call sequence in case of emergency Can pick up Call sequence in case of emergency Can pick up Call sequence in case of emergency Can pick up Call sequence in case of emergency Can pick up Call sequence in case of emergency Can pick up Call sequence in case of emergency Can pick up First name Relationship Home telephone Work telephone Cellular telephone	Home telephone	Home telephone
Languages spoken Canguages spoken Call sequence in case of emergency Can pick up (Y/N) 3. Last name First name Relationship Home telephone Work telephone Cellular telephone Cellular telephone Languages spoken Languages spoken	Work telephone	Work telephone
Call sequence in case of emergency Can pick up (Y/N) Call sequence in case of emergency Can pick up (Y/N) S. Last name	Cellular telephone	Cellular telephone
3. Last name	Languages spoken	Languages spoken
First name First name Relationship Relationship Home telephone Home telephone Work telephone Work telephone Cellular telephone Cellular telephone Languages spoken Languages spoken	Call sequence in case of emergency Can pick up (Y/	N) Call sequence in case of emergency Can pick up (Y/N)
First name First name Relationship Relationship Home telephone Home telephone Work telephone Work telephone Cellular telephone Cellular telephone Languages spoken Languages spoken	3. Last name	4. Last name
Relationship Relationship Home telephone Home telephone Work telephone Work telephone Cellular telephone Cellular telephone Languages spoken Languages spoken		
Home telephone Home telephone Work telephone Work telephone Cellular telephone Cellular telephone Languages spoken Languages spoken	Relationship	– Relationship
Work telephone Work telephone Cellular telephone Cellular telephone Languages spoken Languages spoken		
Cellular telephone Cellular telephone Languages spoken Languages spoken		
Languages spoken Languages spoken		
	Call sequence in case of emergency Can pick up (Y/	