

PLEASE PRINT

**OFFICE USE ONLY**

**Grade** \_\_\_\_\_ **French Program:** Immersion Early  Late

Student # \_\_\_\_\_ PEN \_\_\_\_\_

Non-Catchment Area Form  Non-District Form

Non-Catchment Area Request (sch code) \_\_\_\_\_ District Placement (sch code) \_\_\_\_\_

Traditional School Request (sch code) \_\_\_\_\_

**TIME & DATE OF RECEIPT OF THIS FORM MUST BE RECORDED BY THE CATCHMENT AREA SCHOOL:** \_\_\_\_\_

**Legal Restrictions For Access To Student?**   
(If yes, copy of legal document must be on file at school)

**CATCHMENT SCHOOL** \_\_\_\_\_

Registration Date (MM/DD/YY) \_\_\_\_\_

Enrolment Start Date (MM/DD/YY) \_\_\_\_\_

**STUDENT NAME:**

Legal Family Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Legal Middle Name \_\_\_\_\_

Usual Family Name (if different from legal name) \_\_\_\_\_ Usual First Name \_\_\_\_\_ Usual Middle Name \_\_\_\_\_

**BIRTHDATE** \_\_\_\_\_ **GENDER**  Female  Male **PRIMARY LANGUAGE SPOKEN IN HOME (Check One)**  English  French  Other (Specify) \_\_\_\_\_

MM DD YY **Birth Certificate Verified By** \_\_\_\_\_

**Country of Birth** \_\_\_\_\_ **Citizenship if not Canadian** \_\_\_\_\_ Has anyone in this student's immediate family immigrated to Canada? If yes, they may be eligible for settlement services for newcomers. Yes  No

**Proof of Parents' Status in Canada**   Landed Immigrant  Perm Resident  Refugee Status  Work/Study Permit

Last School \_\_\_\_\_ Address (if known) \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_ Date of Leaving \_\_\_\_\_ Grade \_\_\_\_\_

**HOME PHONE / ADDRESS:**

**Home Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Unlisted? (Y/N)**  **Proof of Residency**  **Verified by:** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **House #** \_\_\_\_\_ **Street Name** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**PARENT(S)/GUARDIAN(S) WITH WHOM CHILD RESIDES:**

**Name** \_\_\_\_\_ **Family Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Business Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone/Pager** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_ *IMPORTANT - PRINT CLEARLY*

**Name** \_\_\_\_\_ **Family Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Business Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone/Pager** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_ *IMPORTANT - PRINT CLEARLY*

**PARENT/GUARDIAN WITH WHOM CHILD DOES NOT RESIDE:**

**Name** \_\_\_\_\_ **Family Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **House #** \_\_\_\_\_ **Street Name** \_\_\_\_\_

**City** \_\_\_\_\_ **Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Daytime Phone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Cell Phone/Pager** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Email** \_\_\_\_\_ *IMPORTANT - PRINT CLEARLY*

**IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, THE SCHOOL SHOULD CALL:**

\_\_\_\_\_  
\_\_\_\_\_  
**Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_ **Daytime Phone** \_\_\_\_\_

**MEDICAL ALERT:**  YES  NO **Doctor:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Care Card No:** \_\_\_\_\_ **Medical Concerns/Severe Allergies:** \_\_\_\_\_

Please turn over and complete other side

**OFFICE USE ONLY**

**Homeroom/Div. #** \_\_\_\_\_ **Teacher Name** \_\_\_\_\_ **COPIES:** Student G4  Teacher

**Records Requested**  **Bus Student**  **District Placement**  **Home Schooling**  **Off-Shore Student**  **Nurse**  **Other** \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

**FOR NEW KINDERGARTEN STUDENTS:** Please fill in any Early Learning Experiences that your child has regularly participated in (i.e. Childcare, StrongStart, Family Place, Preschool etc.):

Type or Name of Early Learning Centre(s): \_\_\_\_\_

**ENGLISH LANGUAGE LEARNER (ELL) ELIGIBILITY:** Students are eligible for ELL support when the primary language spoken at home is a language other than English and the student meets eligibility requirements after assessment.

Is your child within this category?  YES  NO

**SPECIAL LEARNING NEEDS:** Are there any special learning needs or other services of which school personnel should be made aware, which would relate to the programming needs for your child?  YES  NO

If yes, please describe: \_\_\_\_\_

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Other Children in Family	_____	_____	_____	_____	_____
	Name	Gender	Age	Name	Gender Age
	_____	_____	_____	_____	_____
	Name	Gender	Age	Name	Gender Age
	_____	_____	_____	_____	_____
	Name	Gender	Age	Name	Gender Age

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**SELF VOLUNTEERED INFORMATION: ABORIGINAL EDUCATION PROGRAMS ARE AVAILABLE FOR STUDENTS OF ABORIGINAL ANCESTRY**

Student is of Aboriginal Ancestry:  YES (Status Indian, Non Status Indian or Metis) BAND \_\_\_\_\_

Information on this form is collected under the authority of the *School Act* and will be used for educational program purposes and when required may be provided to health services, social services or other support services as outlined in the *School Act*. The information collected is protected under the Freedom of Information and Protection of Privacy Act.

Revised December, 2016

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

**EMAIL COMMUNICATION**

Canada's new anti-spam legislation requires us to obtain your consent in order to provide you with electronic information about many of the happenings and events occurring at your child's school or within our school district. As a result, the Board of Education of School District No. 37 (Delta) would like to ensure that we have your consent to send you newsletters, announcements and other electronic messages that may contain advertising or promotions relevant to our students and families. Examples of such messages include information about fieldtrips, fundraising, yearbooks, student pictures, dance tickets, hot lunches, Continuing Education programs, or similar events and offers.

If you wish to receive the above communications from us, please identify your consent below. Each parent/guardian must complete and sign below.

**Guardian #1: Name:** \_\_\_\_\_  
*Family Name First Name Relationship to Student*

**Email** \_\_\_\_\_

- I DO consent to receive commercial electronic messages from the Delta School District.
- I DO NOT consent to receive commercial electronic messages from the Delta School District.

**Signature** \_\_\_\_\_

**Guardian #2: Name:** \_\_\_\_\_  
*Family Name First Name Relationship to Student*

**Email** \_\_\_\_\_

- I DO consent to receive commercial electronic messages from the Delta School District.
- I DO NOT consent to receive commercial electronic messages from the Delta School District.

**Signature** \_\_\_\_\_

**Guardian #3: Name:** \_\_\_\_\_  
*Family Name First Name Relationship to Student*

**Email** \_\_\_\_\_

- I DO consent to receive commercial electronic messages from the Delta School District.
- I DO NOT consent to receive commercial electronic messages from the Delta School District.

**Signature** \_\_\_\_\_

*You may change your consent at any time by signing into Parent Connect and selecting the appropriate option or by informing your school in writing (either via email or printed note) that you choose to no longer receive email communication from the school, school district or staff relating to messages that may contain advertising or promotions.*